

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 26 1997 8:00am**  
**Secretary of State**

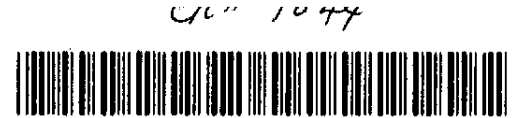
**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N00473 (1)**

1. Corporation Name  
**GULFPORT HISTORICAL SOCIETY, INC.**



Principal Place of Business Mailing Address  
**5301 28 AVE SOUTH P.O. BOX 5152**  
**P.O. BOX 5152 P.O. BOX 5152**  
**GULFPORT FL 33707 GULFPORT FL 33737-5152**  
**US US**

3. Date Incorporated or Qualified **12/19/1983** 3a. Date of Last Report **07/02/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2233310** Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARY ATKINSON**  
**2825 58 STREET SOUTH**  
**GULFPORT FL 33707**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VP-D</b> <input type="checkbox"/> DELETE
NAME	<b>KENT, CORA</b>
STREET ADDRESS	<b>2814 BEACHBLVD S</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>MASSE, RONI</b>
STREET ADDRESS	<b>5214 30 AVE S</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOVE, LOUISE</b>
STREET ADDRESS	<b>2720-57 STREET SOUTH</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOON, PRISCILLA</b>
STREET ADDRESS	<b>4319 26 AVENUE SOUTH</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ATKINSON, MARY</b>
STREET ADDRESS	<b>2625 58TH ST S.</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>P.D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RYERSON, Judith</b>
1.3 STREET ADDRESS	<b>5855-27 AVES</b>
1.4 CITY-ST-ZIP	<b>Gulfport FL 33707</b>
2.1 TITLE	<b>T.D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BROOKS, MARGARET W</b>
2.3 STREET ADDRESS	<b>5118-29 AVE South</b>
2.4 CITY-ST-ZIP	<b>GULFPORT FL 33707</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MCCARTHY LAURENCE T.</b>
3.3 STREET ADDRESS	<b>5217-21 AVE South</b>
3.4 CITY-ST-ZIP	<b>Gulfport FL 33707</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BROWN, LYNNE</b>
4.3 STREET ADDRESS	<b>6344-9 AVE South</b>
4.4 CITY-ST-ZIP	<b>Gulfport FL 33707</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret W Brooks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 19 1997*  
 DATE: **1997 (013) 321-1948**  
 DAYTIME PHONE # **0052353**

CR2E037 (9/96)