

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00473 (1)
 1. Corporation Name
GULFPORT HISTORICAL SOCIETY, INC.



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

3. Date Incorporated or Qualified	12/19/1983
4. FEI Number	59-2233310
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MARY ATKINSON
2625 58 STREET SOUTH
GULFPORT FL 33707

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, CORA	1.2 NAME	Treasurer
STREET ADDRESS	2814 BEACHBLVD S	1.3 STREET ADDRESS	Christine Brown
CITY-ST-ZIP	GULFPORT FL	1.4 CITY-ST-ZIP	2802-53rd St. S. Gulfport, FL 33707
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSE, RONI	2.2 NAME	secretary
STREET ADDRESS	5214 30 AVE S	2.3 STREET ADDRESS	Carol Valdes
CITY-ST-ZIP	GULFPORT FL	2.4 CITY-ST-ZIP	8502-60 Street N. Pinellas Park, FL 33781
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, LOUISE	3.2 NAME	
STREET ADDRESS	2720-57 STREET SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOON, PRISCILLA	4.2 NAME	
STREET ADDRESS	4319 26 AVENUE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, MARY	5.2 NAME	
STREET ADDRESS	2625 58TH ST S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYERSON, JUDITH	6.2 NAME	
STREET ADDRESS	5855-27 AVE S	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	6.4 CITY-ST-ZIP	

14. I 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: _____ Christine Brown 1-24-98 813-323-3392

CR2E037 (10/97)