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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00473

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/19/1983

22 City & State

27 City & State

4. FEI Number

Applied For

59-2233310

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY ATKINSON
 2625 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 DELETE
 NAME **T BROWN, CHRISTINE**
 STREET ADDRESS **2802-53RD ST S**
 CITY-ST-ZIP **GULFPORT FL 33707**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S VALDES, CAROL**
 STREET ADDRESS **8502-60 STREET N**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D LOVE, LOUISE**
 STREET ADDRESS **2720-57 STREET SOUTH**
 CITY-ST-ZIP **GULFPORT FL 33707**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D HOON, PRISCILLA**
 STREET ADDRESS **4319 26 AVENUE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D ATKINSON, MARY**
 STREET ADDRESS **2625 58TH ST S.**
 CITY-ST-ZIP **GULFPORT FL 33707**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD RYERSON, JUDITH**
 STREET ADDRESS **5855-27 AVE S**
 CITY-ST-ZIP **GULFPORT FL 33707**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-17-99

927-323-3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)