

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N00473

1. Entity Name
GULFPORT HISTORICAL SOCIETY, INC.



Principal Place of Business
**5301 28 AVE SOUTH
P.O. BOX 5152
GULFPORT, FL 33707 US**

Mailing Address
**P.O. BOX 5152
P.O. BOX 5152
GULFPORT, FL 33737 US**



02152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2233310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARY ATKINSON
2625 58 STREET SOUTH
GULFPORT, FL 33707**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Christine Brown (Treasurer)

(NOTE: Registered Agent signature required when reinstating)

2-16-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000057911

02/20/04-80008-015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, CHRISTINE 2802-53RD ST S GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDES, CAROL 5609 20 AVENUE SOUTH GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOON, PRISCILLA 4319 26 AVENUE SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ATKINSON, MARY 2625 58TH ST S. GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYERSON, JUDITH 2960 59 STREET SOUTH #301 GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Brown (Treasurer)

Date

Daytime Phone #

727-323-3392