


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 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
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03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2233310	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MARY ATKINSON
 2625 58 STREET SOUTH
 GULFPORT, FL 33707

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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


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	

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03/25/05-80052-006 70.00

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:  **C. Brown Treasurer** **3-22-05** **777-323-3392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #