

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00473

FILED
Apr 25, 2007
Secretary of State

Entity Name: GULFPORT HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

5301 28 AVE SOUTH
P.O. BOX 5152
GULFPORT, FL 33707 US

New Principal Place of Business:

5301 28 AVE SOUTH
GULFPORT, FL 33707 US

Current Mailing Address:

P.O. BOX 5152
P.O. BOX 5152
GULFPORT, FL 33737 US

New Mailing Address:

P.O. BOX 5152
GULFPORT, FL 33737 US

FEI Number: 59-2233310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARY ATKINSON
2625 58 STREET SOUTH
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BROWN, CHRISTINE
Address: 2802-53RD ST S
City-St-Zip: GULFPORT, FL 33707

Title: S () Delete
Name: VALDES, CAROL
Address: 5609 20 AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: HOON, PRISCILLA
Address: 4319 26 AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: DVP () Delete
Name: ATTKINSON, MARY
Address: 2625 58TH ST S.
City-St-Zip: GULFPORT, FL 33707

Title: PD () Delete
Name: RYERSON, JUDITH
Address: 2960 59 STREET SOUTH #301
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: HOON, PRISCILLA
Address: 4319 26 AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: D (X) Change () Addition
Name: ATTKINSON, MARY
Address: 2625 58TH ST S.
City-St-Zip: GULFPORT, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE BROWN

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04/25/2007

Electronic Signature of Signing Officer or Director

Date