

# 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: ATKINSON, 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: ATKINSON, 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

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date