


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00473**  
 1. Entity Name  
**GULFPORT HISTORICAL SOCIETY, INC.**



Principal Place of Business      Mailing Address  
**5301 28 AVE SOUTH**      **P.O. BOX 5152**  
**GULFPORT, FL 33707 US**      **GULFPORT, FL 33737 US**

**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
**59-2233310**      Not Applicable

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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

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

U00000834814  
 02/29/08-80007-007 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **Christine Brown**      2/19/08      727-323-3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #