

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00473

FILED  
Feb 07, 2010  
Secretary of State

**Entity Name:** GULFPORT HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

5301 28 AVE SOUTH  
GULFPORT, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5152  
GULFPORT, FL 33737 US

**New Mailing Address:**

FEI Number: 59-2233310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, CHRISTINE A TREAS.  
2802-53RD 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  
Name: BROWN, CHRISTINE  
Address: 2802-53RD ST S  
City-St-Zip: GULFPORT, FL 33707

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

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

Title: PD  
Name: RYERSON, JUDY  
Address: 2960-59TH STREET SOUTH #301  
City-St-Zip: GULFPORT, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE BROWN

TREA

02/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date