

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004919

FILED
Mar 31, 2010
Secretary of State

Entity Name: GULFPORT ARTS CENTER, INC.

Current Principal Place of Business:

6344 9TH AVENUE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

2736 54TH STREET SOUTH
GULFPORT, FL 33707

Current Mailing Address:

6344 9TH AVENUE SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 27-0244960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, LYNNE
6344 9TH AVENUE 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: DT
Name: BROWN, LYNNE
Address: 6344 9TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: DS
Name: GORDON, DONNA
Address: 2017 53RD STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: DP
Name: PORCARO, HUGO
Address: 2807 54TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: THALER, JAMES D JR
Address: 1522 HULL STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: DVP
Name: BEWLEY, DAVID
Address: LUANA LANE
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: LYNNE BROWN

DT

03/31/2010

Electronic Signature of Signing Officer or Director

Date