


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90245 049 ****70.00

DOCUMENT # N00473

1. Entity Name
GULFPORT HISTORICAL SOCIETY, INC.



Principal Place of Business Mailing Address

5301 28 AVE SOUTH **P.O. BOX 5152**
P.O. BOX 5152 **P.O. BOX 5152**
GULFPORT FL 33707 **GULFPORT FL 33737**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2233310** Applied For
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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	BROWN, CHRISTINE
STREET ADDRESS	2802-53RD ST S
CITY-ST-ZIP	GULFPORT FL 33707
TITLE	<input type="checkbox"/> Delete
NAME	VALDES, CAROL
STREET ADDRESS	5609 20 AVENUE SOUTH
CITY-ST-ZIP	GULFPORT FL 33707
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LYNNE
STREET ADDRESS	6344-9 AVE S.
CITY-ST-ZIP	GULFPORT FL 33707
TITLE	<input type="checkbox"/> Delete
NAME	HOON, PRISCILLA
STREET ADDRESS	4319 26 AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG FL 33711
TITLE	<input type="checkbox"/> Delete
NAME	DVP
STREET ADDRESS	ATKINSON, MARY
CITY-ST-ZIP	2625 58TH ST S.
	GULFPORT FL 33707
TITLE	<input type="checkbox"/> Delete
NAME	PD
STREET ADDRESS	RYERSON, JUDITH
CITY-ST-ZIP	2960 59 STREET SOUTH #301
	GULFPORT FL 33707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Christine Brown* 2-14-03 727-323-3392

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

CR2E037 (10/02)