

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758172

**Entity Name:** GULFPORT COMMUNITY PLAYERS, INC.**Current Principal Place of Business:**1619 49TH ST S  
GULFPORT, FL 33707**Current Mailing Address:**1619 49TH ST S  
GULFPORT, FL 33707 US**FEI Number:** 59-2135038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAVARRO, EILEEN D  
2308 58TH ST S  
GULFPORT, FL 33707-5054 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name           NAVARRO, EILEEN D  
Address        2308 58TH ST S  
City-State-Zip: GULFPORT FL 33707-5054

Title            SECRETARY  
Name           MEREL, ALICIA  
Address        1107 55TH ST S  
City-State-Zip: GULFPORT FL 33707

Title            VP  
Name           BUCY, JUNE  
Address        3114 59TH ST S  
                  APT 304  
City-State-Zip: GULFPORT FL 33707

Title            DIRECTOR  
Name           MUNROE, TIMMIE  
Address        5980 SHORE BLVD S  
                  APT 111  
City-State-Zip: GULFPORT FL 33707

Title            TREASURER  
Name           HOFFMAN, CYNTHIA J  
Address        365 MADONNA BLVD  
City-State-Zip: TIERRA VERDE FL 33715

Title            DIRECTOR  
Name           ROMERO, DONNETTE  
Address        1619 49TH ST S  
City-State-Zip: GULFPORT FL 33707

Title            DIRECTOR  
Name           KRUSE, OLGA  
Address        1619 49TH ST S  
City-State-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:** CYNTHIA J HOFFMAN**TREASURER****01/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date