

2013 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 PRESTON, BROCK
Address 4814 CORONADO WAY
City-State-Zip: GULFPORT FL 33711-3621

Title DIRECTOR
Name CULLER, CATHERINE
Address 3010 59TH ST S APT 203
City-State-Zip: GULFPORT FL 33707-5738

Title VP
Name CARTWRIGHT, JAMES
Address 1619 49TH ST S
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name POLK, CAROL
Address 4700 TRADEWINDS DRIVE SOUTH
City-State-Zip: GULFPORT FL 33707

Title TREASURER
Name JAMES, TOBIN J JR.
Address 6169 1ST AVENUE NORTH
City-State-Zip: ST PETERSBURG FL 33707

Title DIRECTOR
Name NAUGHTON, DONNA
Address 2813 54TH ST S
City-State-Zip: GULFPORT FL 33707-5527

Title DIRECTOR
Name SHEPHERD, PETE
Address 6020 LUANA LANE S
City-State-Zip: GULFPORT FL 33707

Continues on page 2

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: JAMES J TOBIN, JR.**TREQSURER****03/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name PERLROTH, GIL
Address 5900 SHORE BLVD.
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name VAUGHAN, MIKI
Address TANGERINE AVE S
City-State-Zip: GULFPORT FL 33707