

2020 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	DIRECTOR EMERITUS
Name	POLK, CAROL
Address	4700 TRADEWINDS DRIVE SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	SECRETARY
Name	BROCK, JULIUS PRESTON
Address	4814 CORONADO WAY
City-State-Zip:	GULFPORT FL 33711-3621

Title	TREASURER
Name	LYKINS, STEPHEN P
Address	6060 SHORE BLVD S APT 201
City-State-Zip:	GULFPORT FL 33707

Title	VP
Name	CULLER, CATHERINE
Address	3010 59TH ST S APT 304
City-State-Zip:	GULFPORT FL 33707-5738

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

Title	DIRECTOR
Name	BISHOP, LUCY
Address	5980 SHORE BLVD S APT 409
City-State-Zip:	GULFPORT FL 33707

Title	DIRECTOR
Name	HORRELL, LINDA
Address	14950 GULF BLVD APT 910
City-State-Zip:	MADEIRA BEACH FL 33708

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: STEPHEN P LYKINS**TREASURER****01/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date