

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00473

Entity Name: GULFPORT HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

5301-28TH AVENUE SOUTH
GULFPORT, FL 33707

Current Mailing Address:

5301-28TH AVENUE SOUTH
GULFPORT, FL 33707 US

FEI Number: 59-2233310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPER, CATHERINE M.S.
5301-28TH AVENUE SOUTH
GULFPORT, FL 33707 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: CATHERINE M.S. LOPER

01/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LOPER, CATHERINE M. S.
Address 5301-28TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title TREASURER
Name SPENCE, NICOLE B
Address 5301-28TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title SECRETARY
Name HAGOOD, C AMANDA
Address 5301-28TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name BURKHART, ROBERT
Address 5301-28TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name BATES, ROBERT
Address 5301-28TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name CARR, LYNN
Address 5301-28TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name THALER, JAMES D
Address 5301-28TH AVENUE SOUTH
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: NICOLE SPENCE

TREASURER

01/10/2021

Electronic Signature of Signing Officer/Director Detail

Date