

**2015 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: Yes**

**Name and Address of Current Registered Agent:**

BROWN, CHRISTINE ATREAS.  
2802-53RD STREET 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name BROWN, CHRISTINE  
Address 2802-53RD ST S  
City-State-Zip: GULFPORT FL 33707

Title S  
Name VALDES, CAROL  
Address 5609 20 AVENUE SOUTH  
City-State-Zip: GULFPORT FL 33707

Title VP  
Name CULLER, CATHY  
Address 3010 59TH STREET SOUTH  
City-State-Zip: GULFPORT FL 33707

Title PD  
Name VAUGHAN, SANDRA  
Address 2401-53RD STREET SOUTH  
City-State-Zip: GULFPORT FL 33737

*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: CHRISTINE BROWN**

**TREASURER**

**02/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date