

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

09/01/2023

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

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

Title            DIRECTOR  
Name            STEWART-DIX, MARISSA  
Address        5301-28TH AVENUE SOUTH  
City-State-Zip: GULFPORT FL 33707

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

Title            DIRECTOR  
Name            PIAZZA BRASS, MARRA  
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

09/01/2023

Electronic Signature of Signing Officer/Director Detail

Date