

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SE APR 23 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700638 (0)

1. Corporation Name

THE GULFPORT YACHT CLUB INC.

Principal Place of Business

4738 DEL RIO WAY
GULFPORT FL 33711

Mailing Address

PO BOX 5102
GULFPORT FL 33737
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1960

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1877536

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has 501(c)(3) status
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

SHANER, EDWARD
4060 55TH ST N
STE 1109
KENNETH CITY FL 33709

10. Name and Address of New Registered Agent

81 Name

Gepe Lucky

82 Street Address (P.O. Box Number is Not Acceptable)

2475 47th St. S.

83

St. Petersburg FL 33711

84 City

St. Petersburg

FL

85 Zip Code

33711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR & VICE-COMMODORE
NAME	DISTEL, WILLIAM
STREET ADDRESS	2926 CLINTON AVE. #C
CITY-ST-ZIP	GULFPORT FL
TITLE	D
NAME	LUCKY, GENE
STREET ADDRESS	2475 47TH ST S
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	XX DIRECTOR
NAME	SHANER, EDWARD
STREET ADDRESS	4060 55TH ST N, #1109 5664 40th Terr
CITY-ST-ZIP	KENNETH CITY FL 33709 #331
TITLE	D
NAME	MORGAN, AL
STREET ADDRESS	5412 9TH AVE S
CITY-ST-ZIP	GULFPORT FL
TITLE	T
NAME	BOUSA, JORDAN
STREET ADDRESS	1852 53RD ST S
CITY-ST-ZIP	GULFPORT FL
TITLE	S
NAME	ZINKLAND, JOANNE
STREET ADDRESS	6417 GULFPORT BLVD
CITY-ST-ZIP	GULFPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE COMMODORE & DIRECTOR	☐ Change ☒ Addition
1.2 NAME	WILLIAM DISTEL	
1.3 STREET ADDRESS	2926 CLINTON AVE. #C	
1.4 CITY-ST-ZIP	GULFPORT FL 33707	☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	COMMODORE & DIRECTOR	☐ Change ☒ Addition
3.2 NAME	MARJORIE JOINER	
3.3 STREET ADDRESS	4695 DOVER NE	
3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703	☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TREASURER & DIRECTOR	☐ Change ☒ Addition
5.2 NAME	HELENA FIRUTA	
5.3 STREET ADDRESS	3301 58th AVE. N. #370	
5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714	
6.1 TITLE	SECRETARY & DIRECTOR	☐ Change ☒ Addition
6.2 NAME	JAMES P. KOHLSCH	
6.3 STREET ADDRESS	3157 64th WAY N.	
6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33710	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helena L. Firuta*

Helena L. Firuta, Treas. 3/16/95

813-526-300P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #