

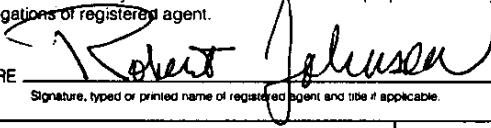
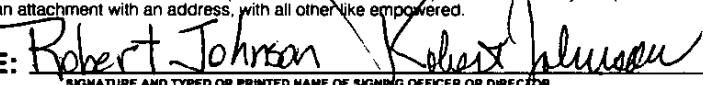


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 029 ****70.00

DOCUMENT # 700638 1. Entity Name THE GULFPORT YACHT CLUB INC.					
Principal Place of Business 4738 DEL RIO WAY GULFPORT, FL 33737			Mailing Address PO BOX 5102 GULFPORT, FL 33737 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07252008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1877536	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIRUTA, HELENA L 5925 18TH ST. NO #12 SAINT PETERSBURG, FL 33714			7. Name and Address of New Registered Agent Name: _____ Street: Johnson, Robert (Acceptable) 906 Woodcliff Ave. City: Tampa, FL 33613		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VC METCALF, MARYANN 6107 8TH AVE S SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE: Commodore NAME: Robert Feckner STREET ADDRESS: 5626 - 25th Ave. S. CITY-STATE-ZIP: Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D STERN, SETH 8044 ELBOW LANE N SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE: Vice Commodore NAME: Patrick Burger STREET ADDRESS: 238 - 31st Ave. N. CITY-STATE-ZIP: St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FC KASPER, MICHAEL 4576 - 13TH AVE N ST PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE: Rear Commodore NAME: Stefan Kaschkadayev STREET ADDRESS: 4089 Bluefish Dr. S. E. CITY-STATE-ZIP: St. Petersburg, FL 33705
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD FIRUTA, HELENA 5925 18TH ST. NO #12 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE: Secretary NAME: Mary Ann Robertson STREET ADDRESS: 6107 - 8th Ave. S. CITY-STATE-ZIP: Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD DAFNIS, DAVID 323 7TH AVE N SAINT PETERSBURG, FL 33715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE: Treasurer NAME: Robert Johnson STREET ADDRESS: 906 Woodcliff Ave. CITY-STATE-ZIP: Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C FECKNER, ROBERT 5626-25TH AVE S. GULFPORT, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE: Fleet Captain NAME: Michael Kasper STREET ADDRESS: 4576 - 13th Ave. N. CITY-STATE-ZIP: St. Petersburg, FL 33713
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  7/25/2008 727-245-9357 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					