

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 711394**

1. Entity Name  
GULFPORT PRESBYTERIAN CHURCH, GULFPORT,  
FLORIDA, INC.



Principal Place of Business  
5313 27 AVENUE SOUTH  
GULFPORT, FL 33707

Mailing Address  
5313 27 AVENUE SOUTH  
GULFPORT, FL 33707



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1466035

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KARNES, ROSS H  
11332 TORREY PINES DR  
RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

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 H Ross Karnes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000917356  
05/13/08-80039-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
JOHNSON, YVONNE  
5012 17TH AVE. S.  
GULFPORT, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KRAMER, AILEEN  
1407 56TH ST, S  
GULFPORT, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ANDERSON, HERB  
5925 SHORE BLVD SOUTH  
GULFPORT, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PAHL, DAVE  
5202 S6TH AVE. S  
GULF PORT, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 titles empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APR 08

Date

Daytime Phone #