

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753273

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: GULFPORT LIONS, INC.

## Current Principal Place of Business:

4630 TIFTON DRIVE, SOUTH  
GULFPORT, FL 337110649

## New Principal Place of Business:

## Current Mailing Address:

4630 TIFTON DRIVE, SOUTH  
GULFPORT, FL 337110649

## New Mailing Address:

FEI Number: 59-6152780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PADULLA, ART  
2508- 50ST SOUTH  
GULFPORT, FL 33707 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HIBNER, ROSE ANN  
Address: 6074 52ND AVE N  
City-St-Zip: KENNETH CITY, FL 33709

Title: S ( ) Delete  
Name: BEUM, JEAN  
Address: 3580 38TH AVE S #93  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: TD ( ) Delete  
Name: SCARLET, LIZ  
Address: 1421-55 AVE, N  
City-St-Zip: SAINT PETERSBURG, FL 33714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MINDER, JAMES  
Address: 3227-C 39TH ST S  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SCARLET, LIZ  
Address: 2092 INDIAN AVE N  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EIZABETH C. SCARLETT

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04/22/2005

Electronic Signature of Signing Officer or Director

Date