2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 758172

Entity Name: GULFPORT COMMUNITY PLAYERS, INC.

Current Principal Place of Business:

4919 17TH AVE S
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

4919 17TH AVE S
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-2135038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARRO, EILEEN D
2308 58TH STREET S
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

NAVARRO, EILEEN D
2308 58TH STREET S
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: EILEEN NAVARRO 02/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NAVARRO, EILEEN
Address: 2308 58TH STREET S
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete
Name: CULLER, CATHERINE
Address: 3010 - 59TH STREET SO.
City-St-Zip: GULFPORT, FL 33707

Title: T ( ) Delete
Name: RUSSELL, JIM
Address: 4771 BAYWOOD PT DRIVE S
City-St-Zip: GULFPORT, FL 33707

Title: VP ( ) Delete
Name: RYERSON, JUDITH,
Address: 2960 - 59TH STREET SO.
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete
Name: POLK, L. CAROL
Address: 4700 TRADE WINDS DRIVE
City-St-Zip: GULFPORT, FL 33711

Title: D ( ) Delete
Name: NAUGTON, DONNA
Address: 2813 - 54 ST SO
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: NAUGHTON, DONNA
Address: 2813 - 54 ST SO
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JIM RUSSELL T 02/23/2009
Electronic Signature of Signing Officer or Director Date