2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 25, 2007
Secretary of State

DOCUMENT# N03000005784

Entity Name: GULFPORT MERCHANTS ASSOCATION, INC.

Current Principal Place of Business:

H T KANES
5501 B SHORE BLVD S
GULFPORT, FL 33707 US

New Principal Place of Business:

GULFPORT MERCHANTS ASSOCIATION, INC
5437 SUITE B 29TH AVE S
GULFPORT, FL 33707 US

Current Mailing Address:

H T KANES
5501 B SHORE BLVD S
GULFPORT, FL 33707 US

New Mailing Address:

GULFPORT MERCHANTS ASSOCIATION, INC
5437 SUITE B 29TH AVE S
GULFPORT, FL 33707 US

FEI Number: 20-1447493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCUE, MICHAEL DIR
5501 B SHORE BLVD S
GULFSPORT, 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: DIR ( ) Delete
Name: MCCUE, MICHAEL
Address: 3129 BEACH BLVD S
City-St-Zip: GULFPORT, FL 33707 US

Title: OFF ( ) Delete
Name: O'MALLEY, MARY
Address: 2820 BEACH BLVD S
City-St-Zip: GULFPORT, FL 33707 US

Title: TREA ( ) Delete
Name: KANE, HELGA TREASUR
Address: 5501 SHORE BLVD
City-St-Zip: GULFPORT, FL 33707 US

Title: OFF ( ) Delete
Name: GOODWIN, EMILY
Address: 5501 SHORE BLVD
City-St-Zip: GULFPORT, FL 33707 US

Title: SEC ( ) Delete
Name: ROSSO, LORI SEC
Address: 5701 SHORE BLVD S
City-St-Zip: GULFPORT, FL 33707 US

Title: OFF ( ) Delete
Name: MCKEE, MICHAEL
Address: 2020 BEACH BLVD S
City-St-Zip: GULFPORT, FL 33707 US

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

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: MICHAEL MCCUE DIR 09/25/2007

Electronic Signature of Signing Officer or Director — Date