

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90369 007 \*\*\*\*61.25

**DOCUMENT # N03000009558**

1. Entity Name

THE GULFPORT MULTIPURPOSE SENIOR CENTER  
FOUNDATION, INC.



Principal Place of Business  
5501 27TH AVE SOUTH  
GULFPORT FL 33707

Mailing Address  
5501 27TH AVE SOUTH  
GULFPORT FL 33707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

20-0684014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEATON, KAREN S  
2816 BEACH BLVD  
GULFPORT FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 D ☐ Delete  
NAME OGILVIE, JANE D  
STREET ADDRESS PO BOX 5130  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ~~ABORNATO, HELEN M~~  
STREET ADDRESS ~~9018 59TH STREET SOUTH~~  
CITY-ST-ZIP ~~GULFPORT FL 33707~~

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS CAROLE GABRIO  
CITY-ST-ZIP 1413 62 St. So  
GULFPORT, FL 33707

TITLE D ☒ Delete  
NAME ~~MILFORD, JOHN A~~  
STREET ADDRESS ~~2845 SKIMMER POINT DRIVE SOUTH~~  
CITY-ST-ZIP ~~GULFPORT FL 33707~~

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS WEST DUPES  
CITY-ST-ZIP 5812 - 28 AVE So  
GULFPORT, FL 33707

TITLE D ☐ Delete  
NAME WOLF, WILLIAM R  
STREET ADDRESS 5950 PEICAN BAY PLAZA #701  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T/D ☐ Delete  
NAME REISEN, MARIANNE  
STREET ADDRESS 6219-14TH AVE S.  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☐ Delete  
NAME DISTEL, WILLIAM H  
STREET ADDRESS 2926 CLINTON S.  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *MARIANNE REISEN* *Marianne Reisen* 3-25-06 (727) 384-3941