

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90014 013 ****70.00

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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

40026814



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007 Chg-NP CR2E037 (12/06)

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 P/D ☒ Change ☐ Addition
NAME Ogilvie, Jane
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GABRIO, CAROLE
STREET ADDRESS 1413 62 ST S
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☒ Addition
NAME friedlander, Sophie
STREET ADDRESS 5950 Pelican Bay Plaza S, # 503
CITY-ST-ZIP Gulfport, FL 33707

TITLE D ☐ Delete
NAME DUPES, WEST
STREET ADDRESS 5812 28 AVE S
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☒ Addition
NAME Milch, Mary Lou
STREET ADDRESS 5900 Shore Boulevard S, # 205
CITY-ST-ZIP Gulfport, FL 33707

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

TITLE ☐ Change ☒ Addition
NAME Stemm, Greg
STREET ADDRESS 5144 12th Avenue S
CITY-ST-ZIP Gulfport, FL 33707

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

TITLE ☐ Change ☒ Addition
NAME Dean, Cynthia
STREET ADDRESS 3114 59th Street S, # 110
CITY-ST-ZIP Gulfport, FL 33707

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

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Distel, William
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Cynthia P. Dean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #