2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000009558

1. Entity Name
THE GULFPORT MULTIPURPOSE SENIOR CENTER



FILED Apr 09, 2008 8:00 am Secretary of State

04-09-2008 90041 043 ****70.00

	TION, INC.								
5501 27TH AVE SOUTH		Mailing Address 5501 27TH AVE SOUTH GULFPORT, FL 33707							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 20-0684			-	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	52∕	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New F	Registered	Agent	
KEATON, KAREN S			Name						
2816 BEA			Street Addre		P.O. Box Number	is Not Acceptable	e)		
			City				FL	Zip Cod	le
	named entity submits this statement foions of registered agent.	r the purpose of changing its re	egistered office o	r registere	ed agent, or both	, in the State of Flo	orida. I am	familiar with	, and accept
ti le ooligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE		
SIGNATURE	Filing Fee is \$61.25	and title if applicable. (NOTE: 9. Election Carry, Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		lake chec	k payable t	
SIGNATURE		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Flor	lake checi rida Depar	tment of S	State
	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees		lake checi rida Depar	tment of S	State
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF PD OGILVIE, JANE D	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME		\$5.00 May Be Added to Fees	Flor	lake checi rida Depar	tment of S	N 10
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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.

Cultic of Dan

4.7-08

727.742.8313

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #