

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009558

FILED
Jan 14, 2011
Secretary of State

Entity Name: THE GULFPORT MULTIPURPOSE SENIOR CENTER FOUNDATION, INC.

Current Principal Place of Business:

5501 27TH AVE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5501 27TH AVE SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 20-0684014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, CYNTHIA M
5501 27TH AVENUE S
GULFPORT, 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: PD
Name: PEEL, SARAH
Address: 2926 CLINTON STREET S
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: GABRIO, CAROLE
Address: 1413 62 ST S
City-St-Zip: GULFPORT, FL 33707

Title: VPD
Name: CALAMARI, MICHAEL P
Address: 6133 7TH AVENUE S
City-St-Zip: ST. PETERSBURG, FL 33707

Title: D
Name: HILL, APRIL D ESQ
Address: 2033 54TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: TSD
Name: DEAN, CYNTHIA M
Address: 3114 59TH STREET S., 110
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: DISTEL, WILLIAM H
Address: 2926 CLINTON S.
City-St-Zip: GULFPORT, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA M. DEAN

TSD

01/14/2011

Electronic Signature of Signing Officer or Director

Date