## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009558

FILED Jan 08, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5501 27TH AVE SOUTH GULFPORT, FL 33707

Current Mailing Address: New Mailing Address:

5501 27TH AVE SOUTH GULFPORT, FL 33707

FEI Number: 20-0684014 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEAN, CYNTHIA M 5501 27TH AVENUE S GULFPORT, FL 33707 US

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 CL.INTON 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: AUDINO, MICHAEL

Address: 4910 ALCAZAR WAY SOUTH City-St-Zip: ST. PETERSBURG, FL 33712

Title:

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: [

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 01/08/2012