


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90072 046 \*\*\*\*61.25

<b>DOCUMENT # N03885</b>			
1. Entity Name <b>GULFPORT CHAMBER OF COMMERCE, INC.</b>			
Principal Place of Business <b>2808 58TH ST. SO. GULFPORT FL 33707 US</b>		Mailing Address <b>PO BOX 5212 GULFPORT FL 33737 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>REISEN, MARIANNE CPA 6219 14TH ST., S. GULFPORT FL 33707</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE/ZIP	TD REISEN, MARIANNE CPA 6219 14TH AVE SOUTH GULF PORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE/ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE/ZIP	SD REICHART, KEN 1419 49TH ST S GULF PORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE/ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE/ZIP	VD OGILIVE, JANE PO BOX 5130 SAINT PETERSBURG FL 33737 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE/ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MIKE CALAMARI 3530 49th St. No. St. PETERSBURG, FL. 33710</b>
TITLE NAME STREET ADDRESS CITY-STATE/ZIP	P WESTERHOFF, SUSAN 4749 BAYWOOD PT DR SO GULFPORT FL 33711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE/ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LORI G. ROSSO 5701- SHORE BLVD. So. GULFPORT, FL. 33707</b>
TITLE NAME STREET ADDRESS CITY-STATE/ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE/ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE/ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE/ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** (727) 4-24-07 384-3941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #