

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 007 ****61.25

DOCUMENT # N03885

1. Entity Name

GULFPORT CHAMBER OF COMMERCE, INC.



Principal Place of Business

2808 58TH ST. SO.
GULFPORT FL 33707
US

Mailing Address

PO BOX 5212
GULFPORT FL 33737
US



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

4. FEI Number

59-2446625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

REISEN, MARIANNE CPA
6219 14TH ST., S.
GULFPORT FL 33707

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE ☐ Delete
NAME REISEN, MARIANNE CPA
STREET ADDRESS 6219 14TH AVE SOUTH
CITY-ST-ZIP GULF PORT FL 33707

TITLE ☐ Delete
NAME SD REICHART, KEN
STREET ADDRESS 1419 49TH ST S
CITY-ST-ZIP GULF PORT FL 33707

TITLE ☒ Delete
NAME ~~CALAMARI, MIKE~~
STREET ADDRESS ~~3530 49TH ST NO.~~
CITY-ST-ZIP ~~SAINT PETERSBURG FL 33710~~

TITLE ☐ Delete
NAME P ROSSO, LORI G
STREET ADDRESS 5701 SHORE BLVD. SO
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V-D MICHELE KING**
STREET ADDRESS **5107 - 27 AVE. So.**
CITY-ST-ZIP **GULF PORT FL. 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-05-08 (727) 384-3941