

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03885

FILED
Aug 05, 2009
Secretary of State

Entity Name: GULFPORT CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

2808 58TH ST. SO.
GULFPORT, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5212
GULFPORT, FL 33737 US

New Mailing Address:

FEI Number: 59-2446625 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RUBIN, BARRY
541 49TH STREET 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: BARRY RUBIN

08/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: REISEN, MARIANNE CPA
Address: 6219 14TH AVE SOUTH
City-St-Zip: GULF PORT, FL 33707

Title: SD () Delete
Name: REICHART, KEN
Address: 1419 49TH ST S
City-St-Zip: GULF PORT, FL 33707

Title: P () Delete
Name: ROSSO, LORI G
Address: 5701 SHORE BLVD. SO
City-St-Zip: GULFPORT, FL 33707

Title: VD () Delete
Name: KING, MICHELLE
Address: 5107-27 AVE S
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: RUBIN, BARRY, TREASUR
Address: 541 49TH STREET S.
City-St-Zip: GULF PORT, FL 33707

Title: P (X) Change () Addition
Name: ROSSO, LORI G
Address: 5701 SHORE BLVD.
City-St-Zip: GULF PORT, FL 33707

Title: VP (X) Change () Addition
Name: COPPOLA, TIMOTHY A
Address: 5133 17TH AVENUE S.
City-St-Zip: GULFPORT, FL 33707

Title: SD (X) Change () Addition
Name: DILL, WALTER
Address: 2321 49TH STREET S.
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORI G. ROSSO

P

08/05/2009

Electronic Signature of Signing Officer or Director

Date