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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002241 (6)

1. Corporation Name

GULFPORT PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business

Mailing Address

**5501 28TH AVENUE SOUTH
GULFPORT LIBRARY
GULFPORT FL 33707**

**5501 28TH AVENUE SOUTH
GULFPORT LIBRARY
GULFPORT FL 33707**

3. Date Incorporated or Qualified
05/08/1995

3a. Date of Last Report
07/02/1996

4. FEI Number
59333902

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIDDER, NATHANIEL B
5501 28TH AVENUE SOUTH
GULFPORT LIBRARY
GULFPORT FL 33707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TRC**
STREET ADDRESS **PURDY, FRANCES**
CITY - ST - ZIP **5501 28TH AVE SO
GULFPORT FL 33707**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **TRS**
STREET ADDRESS **STAUFF, JANE**
CITY - ST - ZIP **5501 28TH AVE SO
GULFPORT FL 33707**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **TRC**
2.3 STREET ADDRESS **LEWIS, EILEEN D.**
2.4 CITY - ST - ZIP **5501 28TH AVE SO
GULFPORT, FL 33707**

TITLE ☐ DELETE
NAME **TR**
STREET ADDRESS **KIDDER, NATHANIEL B**
CITY - ST - ZIP **5501 28TH SO
GULFPORT FL 33707**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TRV**
STREET ADDRESS **KEVIN, DORIS**
CITY - ST - ZIP **5501 28TH AVENUE SOUTH
GULFPORT FL 33707**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TRT**
STREET ADDRESS **MC KAY, W S**
CITY - ST - ZIP **5501 28TH AVENUE SOUTH
GULFPORT FL 33707**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BRYAN, VIRGINIA**
CITY - ST - ZIP **5501 28TH AVENUE SOUTH
GULFPORT FL 33707**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. S. MC KAY, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 1997

813-342-3118

CR2E037 (9/96)