FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 14 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002241

1. Corporation Name
GULFPORT PUBLIC LIBRARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5501 28TH AVNUE SOUTH GULFPORT LIBRARY GULFPORT FL 33707	5501 28TH AVNUE SOUTH GULFPORT LIBRARY GULFPORT FL 33707

[redacted]

3/02/99 90169 001 $61.25

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified
05/08/1995

4. FEI Number
~~59333902~~ 59-3335092 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIDDER, NATHANIEL B 5501 28TH AVNEUE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TRC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PURDY, FRANCES		1.2 NAME		
STREET ADDRESS	5501 28TH AVE SO		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		1.4 CITY-ST-ZIP		
TITLE	TRS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, EILEEN D		2.2 NAME		
STREET ADDRESS	5501 28TH AVE SO		2.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		2.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIDDER, NATHANIEL B		3.2 NAME		
STREET ADDRESS	5501 28TH SO		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		3.4 CITY-ST-ZIP		
TITLE	TRV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KEVIN, DORIS		4.2 NAME		
STREET ADDRESS	5501 28TH AVNUE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REIN, MICHAEL		5.2 NAME		
STREET ADDRESS	5501 28TH AVE SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, VIRGINIA		6.2 NAME		
STREET ADDRESS	5501 28TH AVNUE SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Frances Purdy SIGNATURE REQUIRED 1/23/99 727 343 36[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #