

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90031 007 ****61.25

DOCUMENT # N95000002241

1. Entity Name
GULFPORT PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business
5501 28TH AVENUE SOUTH
GULFPORT LIBRARY
GULFPORT, FL 33707

Mailing Address
5501 28TH AVENUE SOUTH
GULFPORT LIBRARY
GULFPORT, FL 33707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3339092

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EILEEN~~
EILEEN, NAVARRO L
5501 28TH AVENUE SOUTH
GULFPORT LIBRARY
GULFPORT, FL 33707

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 reregistering)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TR ☒ Delete
NAME GRIFFIN, WILLIAM
STREET ADDRESS 6302 PELICAN CREEK CROSSING
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE ☒ Change ☒ Addition
NAME TRUSTEE LAMAR
STREET ADDRESS PAULINE 6025 SHORE BLVD, 612
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ST ☐ Delete
NAME NAVARRO, EILEEN L
STREET ADDRESS 5501 28TH AVE SO
CITY-ST-ZIP GULFPORT, FL 33707

TITLE SECRETARY/TREASURER ☒ Change ☐ Addition
NAME EILEEN NAVARRO
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME KIDDER, NATHANIEL B
STREET ADDRESS 5501 28TH SO
CITY-ST-ZIP GULFPORT, FL 33707

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

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

TITLE VICE CHAIRMAN ☐ Change ☒ Addition
NAME RICHARD TRIBOLET
STREET ADDRESS 5501 28TH AVES
CITY-ST-ZIP GULFPORT FL 33707

TITLE T ☐ Delete
NAME LANNING, PAMELA
STREET ADDRESS 6144 10TH AVE. S
CITY-ST-ZIP GULFPORT, FL 33707

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

TITLE TRC ☐ Delete
NAME COVINETON, JOHN
STREET ADDRESS 5955 30TH AVE S #402
CITY-ST-ZIP GULFPORT, FL 33707

TITLE CHAIRMAN ☒ Change ☐ Addition
NAME COVINGTON, JOHN
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Eileen Navarro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2004

343-6549

Date

Daytime Phone #