

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90236 026 \*\*\*\*61.25

**DOCUMENT # N95000002241**

1. Entity Name

**GULFPORT PUBLIC LIBRARY FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3339092**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLEEN, NAVARRO-L  
5501 28TH AVNEUE 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **PURDY, FRANCES**  
STREET ADDRESS **5501 28TH AVE SO**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **WILLIAM GRIFFIN** ☐ Change ☒ Addition  
NAME **6302 PELICAN CREEK CROSSING**  
STREET ADDRESS **ST. PETERSBURG, FL 33707**  
CITY-ST-ZIP

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

TITLE **EILEEN LEWIS NAVARRO** ☒ Change ☐ Addition  
NAME  
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 AVNUE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **PAMELA LANNING** ☐ Change ☒ Addition  
NAME **6144 10TH AVE, S**  
STREET ADDRESS **GULFPORT, FL 33707**  
CITY-ST-ZIP

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

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

TITLE **TRC** ☐ Delete  
NAME **JOHN, COVINGTON**  
STREET ADDRESS **5955 30TH AVE S #402**  
CITY-ST-ZIP **GULF PORT FL 33707**

TITLE **JOHN COVINGTON** ☒ Change ☐ Addition  
NAME  
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:

*Elleen L. Navarro* 2-19-2003 322-1422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)