

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90021 006 ****72.00

DOCUMENT # N98000002507

1. Corporation Name

ST. ANDREWS MARDI GRAS CARNIVAL COMMITTEE INC.

Principal Place of Business

PO BOX 4091
PANAMA CITY FL 32401

Mailing Address

PO BOX 4091
PANAMA CITY FL 32401



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0883848

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

25

29

30

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

COLEMAN, LEESA
1103 EMORY DR
PANAMA CITY FL 32405

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	President and Director <input type="checkbox"/> DELETE
NAME	BILL HUDSON
STREET ADDRESS	3141 W. 20th CT
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	Secretary and Director <input type="checkbox"/> DELETE
NAME	Eonnie Head
STREET ADDRESS	3412 W. 15th Street
CITY-ST-ZIP	Panama City, Florida 32401
TITLE	Treasurer and Director <input type="checkbox"/> DELETE
NAME	DORIS BOWDEN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE
NAME	Herbert Hinson
STREET ADDRESS	2913 W. 11th Street
CITY-ST-ZIP	Panama City FL 32405
TITLE	Director <input type="checkbox"/> DELETE
NAME	Leesa Coleman
STREET ADDRESS	1103 EMORY DRIVE
CITY-ST-ZIP	Panama City FL 32405
TITLE	Director <input type="checkbox"/> DELETE
NAME	Ginger Littleton
STREET ADDRESS	763 Marywood Drive
CITY-ST-ZIP	Panama City FL 32405

1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brenda Harrison
1.3 STREET ADDRESS	109 LAKE PLACE
1.4 CITY-ST-ZIP	Panama City Beach FL 32413
2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robbie Fehrenbach
2.3 STREET ADDRESS	3803 W. 16th Street
2.4 CITY-ST-ZIP	Panama City FL 32401
3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Terry Rubin
3.3 STREET ADDRESS	1334 Cincinnati Avenue
3.4 CITY-ST-ZIP	Panama City FL 32401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill Hudson 1-6-98

Date

Daytime Phone #

CR2E037 (11/98)