

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001925

FILED
Apr 16, 2009
Secretary of State

Entity Name: YE NOTORIOUS KREWE OF THE PEG LEG PIRATE, INC.

Current Principal Place of Business:

933 BIRDIE WAY
APOLLO BCH, FL 33572

New Principal Place of Business:

Current Mailing Address:

PO BOX 1854
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 27-0080461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBRIGHT, SHARON
933 BIRDIE WAY
APOLLO BCH, FL 33572 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITTEN, HARRY
Address: 31620 PASCO ROAD
City-St-Zip: SAN ANTONIO, FL 33576

Title: D () Delete
Name: HEARN, RICHARD
Address: 13514 BLUE SUNFISH COURT
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: RUBRIGHT, SHARON
Address: 933 BIRDIE WAY
City-St-Zip: APOLLO BCH, FL 33572

Title: D () Delete
Name: HEARD, EILEEN
Address: 1010 ESSEX COURT
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COSGROVE, PATRICK
Address: 803 BIRDIE WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REITER, DENISE
Address: 123 18TH STREET, NW
City-St-Zip: RUSKIN, FL 33570

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON RUBRIGHT

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date