

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005204

Entity Name: KREWE OF THE SOUTH SHORE MARAUDERS, INC.**Current Principal Place of Business:**1144 EMERALD DUNES DR
SUN CITY CENTER, FL 33573**Current Mailing Address:**P.O. BOX 1916
RIVERVIEW, FL 33569 US**FEI Number:** 76-0704335**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CYR, ELLEN LOUISE
1144 EMERALD DUNES DR
SUN CITY CENTER, FL 33573 US*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:** ELLEN LOUISE CYR

02/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	OTHER, VP OF FUNDRAISING
Name	PRESTON, STEPHEN	Name	STRAWSER, ANN
Address	P.O. BOX 1916	Address	P.O. BOX 1916
City-State-Zip:	RIVERVIEW FL 33569	City-State-Zip:	RIVERVIEW FL 33569
Title	TREASURER	Title	VP
Name	CYR, ELLEN LOUISE	Name	HUNTER, MARK THOMAS
Address	P.O. BOX 1916	Address	P.O. BOX 1916
City-State-Zip:	RIVERVIEW FL 33569	City-State-Zip:	RIVERVIEW FL 33569
Title	OTHER, VP OF SERVICE	Title	PARLIMENTARIAN
Name	ENGELMAN, ROBYN	Name	FERGUSON, STEPHEN
Address	P.O. BOX 1916	Address	P.O. BOX 1916
City-State-Zip:	RIVERVIEW FL 33569	City-State-Zip:	RIVERVIEW FL 33569
Title	OTHER, VP MEMBERSHIP	Title	OTHER, VP OF PARADES
Name	GRASSMAN, BARBARA	Name	LYNN, BARRON
Address	P.O. BOX 1916	Address	P.O. BOX 1916
City-State-Zip:	RIVERVIEW FL 33569	City-State-Zip:	RIVERVIEW FL 33569

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ELLEN L. CYR**TREASURER**

02/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRATARY
Name	WARD, NICOLE
Address	P.O. BOX 1916
City-State-Zip:	RIVERVIEW FL 33569