

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005204

FILED
Feb 07, 2022
Secretary of State
1136085962CC

Entity Name: KREWE OF THE SOUTH SHORE MARAUDERS, INC.

Current Principal Place of Business:

414 BAHAMA GRANDE BLVD
APOLLO BEACH, FL 33572

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:

EKISS, BRAD EUGENE
414 BAHAMA GRANDE BLVD
APOLLO BEACH, FL 33572 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: BRAD EUGENE EKISS

02/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FEUER, CINDY
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP OF FUNDRAISING
Name ANN, STRAWSER
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title TREASURER
Name BRAD, EKISS
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title VP
Name HUNTER, MARK THOMAS
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP OF SERVICE
Name CINDY, FITZPATRICK
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title PARLIMENTARIAN
Name DEXTER, LOFTON
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP MEMBERSHIP
Name JENNY, BRUN
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP OF PARADES
Name JANICE, WRIGHT
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569

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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: BRAD EKISS

KSSM TREASURER

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name HOLLY, WALTON
Address P.O. BOX 1916
City-State-Zip: RIVERVIEW FL 33569