

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005204

**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 1026  
RIVERVIEW, FL 33569 US

**FEI Number:** 76-0704335

**Certificate of Status Desired:** Yes

**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

02/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MALO, AARON  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF FUNDRAISING  
Name            STRAWSER, ANN  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569

Title            TREASURER  
Name            SUMMA, MARC  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569

Title            VP  
Name            LYNN, BARRON  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF SERVICE  
Name            PRESTON, CATHY  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569

Title            PARLIMENTARIAN  
Name            FERGESON, REESE  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP MEMBERSHIP  
Name            BRUN, JENNY  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF PARADES  
Name            GOFF, TIFFANI  
Address        P.O. BOX 1026  
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:** MARC J. SUMMA

**TREASURER**

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            BELL, NAOMI  
Address        P.O. BOX 1026  
City-State-Zip: RIVERVIEW FL 33569