

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006197

**Entity Name:** KREWE OF SOUTH SHORE MARAUDERS FOUNDATION, INC.**Current Principal Place of Business:**9304 RIVER COVE DR  
RIVERVIEW, FL 33569**Current Mailing Address:**9304 RIVER COVE DR  
RIVERVIEW, FL 33569**FEI Number:** 20-5074594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAY, CONNIE I  
27547 MILLER RD  
DADE CITY, FL 33525 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:** CONNIE LAY

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MALO, AARON  
Address        12710 BALM RIVERVIEW RD  
City-State-Zip: RIVERVIEW FL 33569

Title            TD  
Name           LAY, CONNIE I  
Address        27547 MILLER RD  
City-State-Zip: DADE CITY FL 33525

Title            OTHER, VP OF SERVICE  
Name           FRANK, JANE  
Address        11934 TIMBERHILL DRIVE  
City-State-Zip: RIVERVIEW FL 33569

Title            SD  
Name           STRAWSER, ANN  
Address        7303 W RIVERCHASE  
                    2703  
City-State-Zip: TEMPLE TERRACE FL 33637

Title            VP  
Name           KINNISON, JEWEL  
Address        1609 MOSAIC FOREST DR  
City-State-Zip: SEFFNER FL 33584

Title            PARLIMENTARIAN  
Name           PRESTON, STEVE  
Address        11305 PELICAN LAKE CT  
City-State-Zip: RIVERVIEW FL 33569

*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:** CONNIE LAY

MS

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date