

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

DOCUMENT# N06000006197

**Entity Name:** KREWE OF SOUTH SHORE MARAUDERS FOUNDATION, INC.**Current Principal Place of Business:**2707 QUEEN ALBERTA DR  
VALRICO, FL 33596**Current Mailing Address:**PO BOX1026  
RIVERVIEW, FL 33569 US**FEI Number:** 20-5074594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EKESS, BRAD  
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 EKESS

02/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MALO, AARON  
Address        PO BOX1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF FUNDRAISING  
Name           STRAWSER, ANN  
Address        PO BOX1026  
City-State-Zip: RIVERVIEW FL 33569

Title            TREASURER  
Name           SUMMA, MARC  
Address        PO BOX1026  
City-State-Zip: RIVERVIEW FL 33569

Title            VP  
Name           LYNN, BARRON  
Address        PO BOX1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF SERVICE  
Name           PRESTON, CATHY  
Address        PO BOX1026  
City-State-Zip: RIVERVIEW FL 33569

Title            PARLIMENTARIAN  
Name           FERGESON, REESE  
Address        PO BOX1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF PARADES  
Name           GOFF, TIFFANI  
Address        PO BOX1026  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF MEMBERSHIP  
Name           BRUN, JENNY  
Address        PO BOX1026  
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	PO BOX1026
City-State-Zip:	RIVERVIEW FL 33569