

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006197

**Entity Name:** KREWE OF SOUTH SHORE MARAUDERS FOUNDATION, INC.**Current Principal Place of Business:**1144 EMERALD DUNES DR.  
SUN CITY CENTER, FL 33573**Current Mailing Address:**PO BOX 1916  
RIVERVIEW, FL 33569 US**FEI Number:** 20-5074594**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  
Name            PRESTON, STEPHEN  
Address        PO BOX 1916  
City-State-Zip: RIVERVIEW FL 33569

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

Title            TREASURER  
Name            CYR, ELLEN LOUISE  
Address        PO BOX 1916  
City-State-Zip: RIVERVIEW FL 33569

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

Title            OTHER, VP OF SERVICE  
Name            ENGELMAN, ROBYN  
Address        PO BOX 1916  
City-State-Zip: RIVERVIEW FL 33569

Title            PARLIMENTARIAN  
Name            FERGUSON, STEPHEN  
Address        PO BOX 1916  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF PARADES  
Name            LYNN, BARRON  
Address        PO BOX 1916  
City-State-Zip: RIVERVIEW FL 33569

Title            OTHER, VP OF MEMBERSHIP  
Name            GRASSMAN, BARBARA  
Address        PO 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:** ELLEN L. CYR**TREASURER**

02/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	WARD, NICOLE
Address	PO BOX 1916
City-State-Zip:	RIVERVIEW FL 33569