


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 732626
 1. Entity Name
THE KREWE OF THE KNIGHTS OF SANT YAGO, INC.



Principal Place of Business
**1615 HACIENDA COURT
 TAMPA, FL 33605**

Mailing Address
**P.O. BOX 5037
 TAMPA, FL 33675-5037**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1605184

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRODEGUAS, ANTONIO
 2701 N. HIMES AVENUE
 SUITE 101
 TAMPA, FL 33607**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANDESE, VINCENT J 137 CHIPPEWA STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYA, DANIEL J 1906 BERRY LAKE DRIVE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAYMONDO, MICHAEL C 10713 CAPE HATTERAS DRIVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPOTO, JOHN P 1026 MEADOW LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL MADIEDO, JOHN F JR. 2003 W. KENNEDY BOULEVARD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000595108
 01/23/07-80027-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael C. Raymond 1/16/07 813-248-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Treasurer