

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732626

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THE KREWE OF THE KNIGHTS OF SANT' YAGO, INC.

**Current Principal Place of Business:**

1615 HACIENDA COURT  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5037  
TAMPA, FL 336755037

**New Mailing Address:**

FEI Number: 59-1605184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MADIEDO, JOHN F. JR.  
Address: 2003 W. KENNEDY BLVD  
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete  
Name: VALENTI, MARK  
Address: 4900 SAN NICHOLAS ST  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: YTURRIOGA, H.R.  
Address: 2002 5TH AVE SUITE 108  
City-St-Zip: TAMPA, FL 33605

Title: S ( ) Delete  
Name: MARTINEZ, JOSE  
Address: 3716 MUNNINGS KNOLL  
City-St-Zip: LAND O LAKES, FL 34636

Title: MAL (X) Delete  
Name: FAVATA, RAYMON  
Address: 26935 STILLBROOK DR.  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VALENTI, MARK  
Address: 4900 SAN NICHOLAS ST  
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Change ( ) Addition  
Name: PALOMINO, RAUL  
Address: 1008 WEST INDIANA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: T (X) Change ( ) Addition  
Name: FOSTER, KENNETH  
Address: 16521 SILVERHILL DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: S (X) Change ( ) Addition  
Name: FAVATA, RAY  
Address: 26935 STILLBROOK DR.  
City-St-Zip: WESTLEY CHAPEL, FL 33543

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH FOSTER

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date