

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001162

FILED
Apr 08, 2009
Secretary of State

Entity Name: YE LOYAL KREWE OF SAMUEL BELLAMY INC.

Current Principal Place of Business:

P.O. BOX 2130
BRANDON, FL 33509

New Principal Place of Business:

1427 OAKFIELD DRIVE
BRANDON, FL 33511

Current Mailing Address:

P.O. BOX 2130
BRANDON, FL 33509

New Mailing Address:

FEI Number: 59-3691353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE RUIJTER, ADRIANUS
1427 OAKFIELD DRIVE
BRANDON, FL 33511 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: CD () Delete
Name: RYAN, SHEILA
Address: PO BOX 2130
City-St-Zip: BRANDON, FL 33509

Title: VPD () Delete
Name: LEGARETTA, LISA
Address: PO BOX 2130
City-St-Zip: BRANDON, FL 33509

Title: TD () Delete
Name: DEBRIZZI, MICHAEL
Address: PO BOX 2130
City-St-Zip: BRANDON, FL 33509

Title: SD () Delete
Name: DERUIJTER, ADRIANUS
Address: PO BOX 2130
City-St-Zip: BRANDON, FL 33509

Title: D () Delete
Name: MILLER, ROY
Address: PO BOX 2130
City-St-Zip: BRANDON, FL 33509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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: SHEILA RYAN

CD

04/08/2009

Electronic Signature of Signing Officer or Director

Date