

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002675

Entity Name: KREWE OF MASSALINA, INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

123 BEACH DRIVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 347
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-3639655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGOT, ED
614 FLIGHT AVE
PANAMA CITY, FL 32401 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: PD () Delete
Name: HICKS, DWIGHT
Address: 103 W 15TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: FAGOT, ED
Address: 614 FLIGHT AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: NEAL, GLORIA
Address: PO BOX 0463
City-St-Zip: FOUNTAIN, FL 32438

Title: D () Delete
Name: FAGOT, PAT
Address: 614 FLIGHT AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: MILLER, KATHRYN
Address: 1009 LAPALOMA TERRACE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: DESHIELDS, MARK
Address: 609 E 2ND STREET
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DS (X) Change () Addition
Name: DELUZAIN, BETH
Address: 4329 VISTA LANE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DWIGHT HICKS

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date

BRIDGET WIETLISBACH
913 COLLEGE BLVD NORTH
LYNN HAVEN, FL 32444

HAZEL RILEY DIRECTOR
508 SPARROW ST.
LYNN HAVEN FL 32444

TERRY MCNEAL DIRECTOR
1519 FAIRLAND AVE
PANAMA CITY FL, 32401