


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90069 001 ****61.25

DOCUMENT # N00000002675 1. Entity Name KREWE OF MASSALINA, INC.					
Principal Place of Business 123 BEACH DRIVE PANAMA CITY, FL 32401			Mailing Address P.O. BOX 347 PANAMA CITY, FL 32402		
2. Principal Place of Business 4329 Vista Lane Suite, Apt. #, etc. LYNN Haven FL City & State			3. Mailing Address Suite, Apt. #, etc. City & State		
Zip 32444		Country		4. FEI Number 59-3639655	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FAGOT, ED 614 FLIGHT AVE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	PD	HICKS, DWIGHT	103 W 15TH STREET PANAMA CITY, FL 32401		
	D	FAGOT, ED	614 FLIGHT AVE PANAMA CITY, FL 32401		
	TD	NEAL, GLORIA	PO BOX 0463 FOUNTAIN, FL 32438		
	D	FAGOT, PAT	614 FLIGHT AVENUE PANAMA CITY, FL 32401	Delete <input checked="" type="checkbox"/>	
	D	MILLER, KATHRYN	1009 LAPALOMA TERRACE PANAMA CITY, FL 32401		
	DS	DELUZAIN, BETH	4329 VISTA LANE LYNN HAVEN, FL 32444		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	D	Schenck, Phil	114 Palm Crossing Panama City FL 32408	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	D	Terry McNeal	1516 Fairland Ave. Panama City FL 32401	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	D	Riley HAZEL	508 Sparrow St. Panama City FL 32444	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	D	Wietlisbach, Bridget	913 College Blvd N. Lynn Haven FL 3244	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>DC Hicks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					