

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002675

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: KREWE OF MASSALINA, INC.

## Current Principal Place of Business:

4329 VISTA LANE  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

3404 W 16TH ST  
PANAMA CITY, FL 32401 US

## Current Mailing Address:

P.O. BOX 347  
PANAMA CITY, FL 32402

## New Mailing Address:

P.O. BOX 347  
PANAMA CITY, FL 32402 US

FEI Number: 59-3639655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DELUZAIN, BETH  
4329 VISTA LANE  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

WHITE, PAMELA D  
3404 W 16TH ST  
PANAMA CITY, FL 32401 US

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: PAMELA D WHITE

01/17/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DELUZAIN, BETH O  
Address: 4329 VISTA LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: ADAMS, ADDIE  
Address: 1025 W. 19TH STREET  
City-St-Zip: PANAMA CITY, FL 32405

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

Title: D ( ) Delete  
Name: SCHENCK, PHIL  
Address: 114 PALM CROSSING  
City-St-Zip: PANAMA CITY, FL 32408

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

Title: D ( ) Delete  
Name: RAFFIELD, KERMIT  
Address: 2501 N. CEDAR LANE  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILLER, KATHRYN  
Address: 1009 LAPALOMA PLACE  
City-St-Zip: PANAMA CITY, FL 32401

Title: SD (X) Change ( ) Addition  
Name: WHITE, PAMELA D  
Address: 3404 W 16TH ST  
City-St-Zip: PANAMA CITY, FL 32401

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

Title: D (X) Change ( ) Addition  
Name: JONES, CONNIE  
Address: POB 1365  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition  
Name: SHERIDAN, LINDA  
Address: 160 JENKS CIRCLE  
City-St-Zip: PANAMA CITY, FL 32401

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA D WHITE

SD

01/17/2007

Electronic Signature of Signing Officer or Director

Date