

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002675

FILED
Apr 15, 2009
Secretary of State

Entity Name: KREWE OF MASSALINA, INC.

Current Principal Place of Business:

3404 W 16TH ST
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

PO 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:

WHITE, PAMELA D
3404 W 16TH ST
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 (X) Delete
Name: JONES, CONNIE
Address: 2406 CAMRYN'S CROSSING
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: WHITE, PAMELA D
Address: 3404 W 16TH ST
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 (X) Delete
Name: NELSON, MICHELLE
Address: POB 1365
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Delete
Name: SHERIDAN, LINDA
Address: 160 JENKS CIRCLE
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: () 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
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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: PAMELA D WHITE

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date