

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 91827 044 ****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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3639655**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KESSLER, JANET
2801 W. 11TH STREET
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Ed Fagot

Street Address (P.O. Box Number is Not Acceptable)

614 FLIGHT AVE

City

Panama City

FL

32401

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

Ed Fagot (Ed Fagot)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/17/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PO** ☐ Delete
NAME **HICKS, DWIGHT**
STREET ADDRESS **103 W 15TH STREET**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☒ Delete
NAME **KESSLER, JANET**
STREET ADDRESS **2801 W. 11TH STREET**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **TD** ☐ Delete
NAME **NEAL, GLORIA**
STREET ADDRESS **PO BOX 0463**
CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE **D** ☐ Delete
NAME **FAGOT, PAT**
STREET ADDRESS **614 FLIGHT AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete
NAME **MILLER, KATHRYN**
STREET ADDRESS **1009 LAPALOMA TERRACE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete
NAME **DESHIELDS, MARK**
STREET ADDRESS **609 E 2ND STREET**
CITY-ST-ZIP **PANAMA CITY FL 32401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Ed Fagot**
STREET ADDRESS **614 FLIGHT AVE**
CITY-ST-ZIP **Panama City FL 32401**

TITLE **D** ☐ Change ☒ Addition
NAME **Carolyn Miller**
STREET ADDRESS **706 Georgia Ave**
CITY-ST-ZIP **Lynn Haven FL 32444**

TITLE **D** ☐ Change ☒ Addition
NAME **McNair Terry**
STREET ADDRESS **1516 Fairland Ave**
CITY-ST-ZIP **Panama City FL 32401**

TITLE **D** ☐ Change ☒ Addition
NAME **Georgia Opletire**
STREET ADDRESS **99 Country Club BLVD.**
CITY-ST-ZIP **Birmingham AL 35213**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dwight Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42803

8507630731

Date

Daytime Phone #

CR2E037 (10/02)