2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N00000004270

Entity Name: NAVARRE KREWE OF JESTERS, INC.

Current Principal Place of Business:

3291 CABOT COVE
NAVARRE BEACH, FL 32566

New Principal Place of Business:

2101 MIDDLETON DR.
NAVARRE BEACH, FL 32566

Current Mailing Address:

3291 CABOT COVE
NAVARRE BEACH, FL 32566

New Mailing Address:

2101 MIDDLETON DR.
NAVARRE BEACH, FL 32566

FEI Number: 59-3622836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, WAYNE
8608 SAND PINE DR
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

MORGAN, BILL
2101 MIDDLETON DR.
NAVARRE, FL 32566 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: BILL MORGAN 04/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: LORD, WALLY
Address: 3291 CABOT COVE
City-St-Zip: NAVARRE, FL 32566

Title: PD ( ) Delete
Name: HALL, WAYNE
Address: 8608 SAND PINE DR
City-St-Zip: NAVARRE, FL 32566

Title: VPD ( ) Delete
Name: DILLARD, CHRISTINA
Address: 8425 GULT BLVD, # 107
City-St-Zip: NAVARRE, FL 32566

Title: SD ( ) Delete
Name: BISHOP, TAMIRA
Address: 6464 STARFISH COVE
City-St-Zip: NAVARRE, FL 32566

Title: HD (X) Delete
Name: MORGAN, BILL
Address: 2101 MIDDLETON DR
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: DAUGHERTY, SHAWN M
Address: 8468 GULF BLVD. #5
City-St-Zip: NAVARRE, FL 32566

Title: PD (X) Change ( ) Addition
Name: MORGAN, BILL
Address: 2101 MIDDLETON DR.
City-St-Zip: NAVARRE, FL 32566

Title: VPD (X) Change ( ) Addition
Name: WALLS, ROBIN
Address: 2824 JOE PRUITT RD.
City-St-Zip: NAVARRE, FL 32566

Title: SD (X) Change ( ) Addition
Name: LOFTIN, JOANN
Address: 2205 FRONTERA ST.
City-St-Zip: NAVARRE, FL 32566

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: SHAWN M. DAUGHERTY TD 04/28/2006
Electronic Signature of Signing Officer or Director Date