

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004270

FILED
Jan 17, 2009
Secretary of State

Entity Name: NAVARRE KREWE OF JESTERS, INC.

Current Principal Place of Business:

8608 SAND PINE DR.,
NAVARRE BEACH, FL 32566

New Principal Place of Business:

2490 VALLEY ROAD
NAVARRE, FL 32566

Current Mailing Address:

P.O. BOX 5879
NAVARRE BEACH, FL 32566

New Mailing Address:

P.O. BOX 5879
NAVARRE, 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:

MCARTHUR, PATRICIA
8225 POMPANO STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

CHAPMAN, MARK D P
2490 VALLEY ROAD
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: MARK D. CHAPMAN

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MCARTHUR, PATRICIA
Address: 8225 POMPANO STREET
City-St-Zip: NAVARRE, FL 32566

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

Title: VPD () Delete
Name: CHAPMAN, MARK
Address: 2490 VALLEY ROAD
City-St-Zip: NAVARRE, FL 32566

Title: SD (X) Delete
Name: BISHOP, TAMMY
Address: 8606 SAND PINE DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAPMAN, MARK D
Address: 2490 VALLEY ROAD
City-St-Zip: NAVARRE, FL 32566

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

Title: S (X) Change () Addition
Name: WALLS, ROBIN
Address: 8695 JOE PRUITT RD
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 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: MARK D. CHAPMAN

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date