## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001857

Apr 28, 2009 Secretary of State

Entity Name: YE KREWE OF SIR HENRY MORGAN, ADMIRAL OF BRETHREN OF THE COAST, INC.

Current Principal Place of Business: New Principal Place of Business:

Current Mailing Address: New Mailing Address:

PO BOX 18735 PO BOX 18735

TAMPA, FL 33679 TAMPA, FL 33679 US

FEI Number: 04-3736537 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, CHARLES A 4408 MCELROY AVE TAMPA, FL 33611 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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D/BD () Delete
 Title:
 D/BD (X) Change () Addition

 Name:
 DIDIER, GERARD
 Name:
 DIDIER, GERARD

 Address:
 160 COLUMBIA DR #501
 Address:
 160 COLUMBIA DR #501

 City-St-Zip:
 TAMPA, FL 33606 US
 TAMPA, FL 33606 US

Title: D/T ( ) Delete Title: D/T (X) Change ( ) Addition Name: BROWN, CHARLIE Name: BROWN, CHARLIE

Address: P O BOX 18735 Address: P O BOX 18735 City-St-Zip: TAMPA, FL 33679 City-St-Zip: TAMPA, FL 33679 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 PLANES, SCOTT
 Name:
 PLANES, SCOTT

 Address:
 18006 LINDAWOOD ST
 Address:
 18006 LINDAWOOD ST

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 ODESSA, FL 33556 US

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: CHARLES A. BROWN D 04/28/2009