2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N02000005637

Entity Name: THE KREWE OF SOUTHERN SISTERHOOD, INC.

Current Principal Place of Business:

3615 FLOYD ROAD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3615 FLOYD ROAD
TAMPA, FL 33618

New Mailing Address:

FEI Number: 22-3860800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEINER, AMANDA
217 EARL ST
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

BRAMMELL, LINDA C
4411 AKITA DRIVE
TAMPA, FL 33624 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: LINDA C. BRAMMELL 01/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NORDEN, SHANNON
Address: 3615 FLOYD ROAD
City-St-Zip: TAMPA, FL 33618

Title: 1VP ( ) Delete
Name: BROOM, THEA
Address: 10609 ORANGE GROVE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: 2VP ( ) Delete
Name: FANNING, MARY ANN
Address: 12515 FOREST HILL DRIVE
City-St-Zip: TAMPA, FL 33162

Title: 3VP ( ) Delete
Name: BEINER, AMANDA
Address: 217 EARL STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MAL ( ) Delete
Name: BROWN, DOLLY
Address: 9302 E. DR. MLK #438
City-St-Zip: TAMPA, FL 33162

Title: TREA ( ) Delete
Name: BRAMMELL, LINDA
Address: 4411 AKITA DRIVE
City-St-Zip: TAMPA, FL 33524

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: PP (X) Change ( ) Addition
Name: BEINER, LOUISE
Address: 217 EARL STREET
City-St-Zip: TARPON SPRINGS, FL 34689

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: LINDA C. BRAMMELL TREA 01/21/2009
Electronic Signature of Signing Officer or Director Date