

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90088 032 ****61.25

DOCUMENT # N02000006500					
1. Entity Name KREWE OF THE HIBISCUS INC.					
Principal Place of Business PO BOX 21685 TAMPA, FL 33622-1685			Mailing Address PO BOX 21685 TAMPA, FL 33622-1685		
2. Principal Place of Business 623 Pine Forest Dr Suite, Apt. #, etc.		3. Mailing Address 623 Pine Forest Dr Suite, Apt. #, etc.			
City & State Brandon		City & State Brandon		4. FEI Number 42-1554792	
Zip 33511		Country Hillsborough		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NIPPER, BILL 1717 W. HILLS AVE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name: THOMPSON, WAYNE L. Street Address (P.O. Box Number is Not Acceptable): 623 Pine Forest Dr City: Brandon FL Zip Code: 33511		
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: WAYNE L THOMPSON <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME THOMPSON, VICTORIA L CAPTAIN STREET ADDRESS 1707 VILLAGE COURT CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 623 Pine Forest Dr CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME NIPPER, BILL 1ST MATE STREET ADDRESS 1717 W HILLS AVE CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE FIRST MATE NAME WAYNE THOMPSON STREET ADDRESS 623 Pine Forest Dr CITY-ST-ZIP BRANDON, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NIPPER, MARY E 2ND MATE STREET ADDRESS 1717 W. HILLS AVE CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME CINDY JOHNSON STREET ADDRESS 6230 FIDELITY ST CITY-ST-ZIP GIBSONTON, FL 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: WAYNE L. THOMPSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/10/4 Daytime Phone #: 813 654 1437		