

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008611

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE UNSINKABLE KREWE OF MOLLY BROWN, INC.

Current Principal Place of Business:

16101 CARENCIA LANE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

PO BOX 26232
TAMPA, FL 336226232

New Mailing Address:

FEI Number: 13-4220201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEIM, ALICIA
16101 CARENCIA LANE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, DAWN
Address: 8834 BAY POINTE DRIVE UNIT H-110
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: PETERSON, NANCY
Address: 2402 SOUTH ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: NIMPHIUS, ROSALMA
Address: 16101 CARENCIA LANE
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: KEIM, ALICIA
Address: 16101 CARENCIA LANE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: BROKAW, JULIE
Address: 8419 CIMINO ESTATES DRIVE
City-St-Zip: ODESSA, FL 33556

Title: PD (X) Delete
Name: WHEELER, DIANE
Address: 10217 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PETERSON, PETER
Address: 2402 SOUTH ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

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: D (X) Change () Addition
Name: KEIM, HUGO
Address: 16101 CARENCIA LANE
City-St-Zip: ODESSA, FL 33556

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: ALICIA KEIM

D

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date