

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008807

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: KREWE DU YA YA'S, INC.

## Current Principal Place of Business:

8900 SCENIC HILLS DRIVE  
PENSACOLA, FL 32514

## New Principal Place of Business:

2845 AVENIDA DE SOTO  
NAVARRE, FL 32566

## Current Mailing Address:

PO BOX 6  
PENSACOLA, FL 32591

## New Mailing Address:

FEI Number: 52-2386315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DYRDA, SARAH ESQUIRE  
220 W GARDEN ST., 9TH FLOOR  
PENSACOLA, FL 32501 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: PD ( ) Delete  
Name: DAVIS, SHANNON  
Address: 8900 SCENIC HILLS DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: PED ( ) Delete  
Name: CLARK, RHONDA  
Address: 2845 AVENIDA DE SOTO  
City-St-Zip: NAVARRE, FL 32566

Title: TD ( ) Delete  
Name: BLACKWELL, STACEY  
Address: 800 TALLEY LANE  
City-St-Zip: CANTONMENT, FL 32533

Title: SD ( ) Delete  
Name: FARISH, MONICA  
Address: P O BOX 6  
City-St-Zip: PENSACOLA, FL 32591

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CLARK, RHONDA  
Address: 2845 AVENIDA DE SOTO  
City-St-Zip: NAVARRE, FL 32566

Title: PED (X) Change ( ) Addition  
Name: MERCER, CYNDI  
Address: 2218 NOLAN FALKNER COURT  
City-St-Zip: CANTONMENT, FL 32533

Title: TD (X) Change ( ) Addition  
Name: HINTON, MICHELLE  
Address: 2265 CRICKET RIDGE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: SD (X) Change ( ) Addition  
Name: DEE, SHARRI  
Address: 5328 POTOSI PLACE  
City-St-Zip: PENSACOLA, FL 32504

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: MICHELLE HINTON

TD

04/07/2009

Electronic Signature of Signing Officer or Director

Date