


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005087 1. Entity Name YE MYSTIC KREWE OF THE SANTA MARGARITA FOUNDATION, INC.	
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Principal Place of Business 1543 HIGHLAND AVENUE SOUTH, #233 CLEARWATER, FL 33756	Mailing Address 1543 HIGHLAND AVENUE SOUTH, #233 CLEARWATER, FL 33756
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05032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1579328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000764095 05/30/07-80042-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FISHER, WILLIAM 2075 ENVOY COURT CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DIPOLITO, JEFFERY J 1442 NURSERY ROAD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D AMOROSE, JOHN R 1769 LAKEVIEW RD. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HESTER, PHILLIP E 2110 POINCIANA TERRACE CLEARWATER, FL 337601919
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 117, 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:  **5/11/07** **(977) 430-3217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone