2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N04000005087

Entity Name: YE MYSTIC KREWE OF THE SANTA MARGARITA FOUNDATION, INC.

Current Principal Place of Business:

2315 BELLEAIR ROAD
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2315 BELLEAIR ROAD
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-1579328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, WILLIAM
2315 BELLEAIR ROAD
CLEARWATER, FL 33764 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: P ( ) Delete
Name: FISHER, WILLIAM
Address: 2075 ENVOY COURT
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: DIPOLITO, JEFFERY J
Address: 1442 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: AMOROSE, JOHN R
Address: 1769 LAKEVIEW RD.
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: HESTER, PHILLIP E
Address: 2110 POINCIANA TERRACE
City-St-Zip: CLEARWATER, FL 337601919

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: ( ) 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: WILLIAM FISHER PRES 01/20/2009

Electronic Signature of Signing Officer or Director — Date