

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

03-06-2006 90021 011 ****61.25

DOCUMENT # N04000007354

1. Entity Name
KREWE OF ST. ANDREWS, INC.



Principal Place of Business
7504 BEACH DRIVE
PANAMA CITY BEACH, FL 32408

Mailing Address
~~7504 BEACH DRIVE~~ **POB 16791**
~~PANAMA CITY BEACH, FL 32408~~
32405-6791



02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1568457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY, FL 32401

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	D	BOWDOIN, TOM	
NAME		129 PALM HARBOUR	
STREET ADDRESS		PANAMA CITY, FL 32408	
CITY-ST-ZIP			
TITLE	D T	ANDERSON, GEORGE	
NAME		1106 CHETLAND COURT	
STREET ADDRESS		LYNN HAVEN, FL 32444	
CITY-ST-ZIP		Panama City, FL 32417	
TITLE	D P	BRUHMULLER, ELIZABETH A	
NAME		2159 BRIAWOOD CIRCLE	
STREET ADDRESS		PANAMA CITY, FL 32405	
CITY-ST-ZIP			
TITLE	D	KIDD, MARTIN A	
NAME		720 BRANDEIS AVE	
STREET ADDRESS		PANAMA CITY, FL 32405	
CITY-ST-ZIP		Panama City, FL 32405	
TITLE	D	MOULDER, MIKE	
NAME		1815 W 15TH STREET STE 13	
STREET ADDRESS		PANAMA CITY, FL 32401	
CITY-ST-ZIP		Panama City, FL 32408	

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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 Donald W. Cox **Donald W. Cox, Treas** 2/22/06 **854763-7659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #