

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007354

FILED
Feb 16, 2009
Secretary of State

Entity Name: KREWE OF ST. ANDREWS, INC.

Current Principal Place of Business:

2406 RUTH HENTZ AVE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16791
PANAMA CITY, FL 324056791 US

New Mailing Address:

FEI Number: 20-1568457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY, FL 32401 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: CORAM, CHARLIE
Address: 3604 W. 15TH ST
City-St-Zip: PANAMA CITY, FL 32401 US

Title: T () Delete
Name: COX, DONALD
Address: P.O. BOX 18007
City-St-Zip: PANAMA CITY, FL 32417 US

Title: P () Delete
Name: KIDD, KATHRYN
Address: 729 BRANDEIS
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: THIELE, CHARLES
Address: 1602 NEW JERSEY
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: GILLMORE, FRANK
Address: 4404 BLUEWATER DR
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D () Delete
Name: NEWBERRY, KATIE
Address: 507 TAMMY STREET
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIS, ELLEN
Address: 1206 WEST 22ND STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: P (X) Change () Addition
Name: THIELE, CHARLES
Address: 1602 NEW JERSEY
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NEWSOME, KENNETH
Address: 106 LIMESTONE LANE
City-St-Zip: PANAMA CITY, FL 32405 US

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: DONALD W. COX

T

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date