

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 19, 2009**  
**Secretary of State**

DOCUMENT# N04000008133

**Entity Name:** THE KREWE OF "F" TROOP, INC.**Current Principal Place of Business:**6502 WALTON WAY  
TAMPA, FL 33610**New Principal Place of Business:**1501 SKIPPER ROAD  
TAMPA, FL 33613**Current Mailing Address:**6502 WALTON WAY  
TAMPA, FL 33610**New Mailing Address:**POST OFFICE BOX 270039  
TAMPA, FL 33688**FEI Number:** 26-3335581**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CONTE, RANDY  
6502 WALTON WAY  
TAMPA, FL 33610 US**Name and Address of New Registered Agent:**AUCOIN, JOEY  
1501 SKIPPER ROAD  
TAMPA, FL 33613 US

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: JOEY AUCOIN

10/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RANDY S. CONTE  
Address: P.O.BOX 45067  
City-St-Zip: TAMPA, FL 33677

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARKAY, RON  
Address: POST OFFICE BOX 270039  
City-St-Zip: TAMPA, FL 33688

Title: VP ( ) Change (X) Addition  
Name: CROWLEY, JOHN  
Address: POST OFFICE BOX 270039  
City-St-Zip: TAMPA, FL 33688

Title: T ( ) Change (X) Addition  
Name: FREEMAN, WAYNE  
Address: POST OFFICE BOX 270039  
City-St-Zip: TAMPA, FL 33688

Title: S ( ) Change (X) Addition  
Name: FRANCESCHINI, COLEN  
Address: POST OFFICE BOX 270039  
City-St-Zip: TAMPA, FL 33688

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: RON ARKAY

P

10/19/2009

Electronic Signature of Signing Officer or Director

Date