

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010780

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



Principal Place of Business
24 BAFFIN ST.
TAMPA, FL 33606

Mailing Address
PO BOX 10218
TAMPA, FL 33679-0218



01232006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
43-2015112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUCE, LAURA A
24 BAFFIN ST.
TAMPA, FL 33606

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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	D BRUCE, LAURA 24 BAFFIN ST. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, MARY 2406 WEST CHICAGO AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFSON, ZOE 140 DANUBE AVE. #1 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, ROSE 10015 HAMPTON PLACE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000404004
02/06/06-80032-022 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Zoe D. Gustafson *Zoe D. Gustafson* 01-24-06 813-866-1100