2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006197

FILED Jul 09, 2007 Secretary of State

Entity Name: KREWE OF SOUTH SHORE MARAUDERS FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 9304 RIVER COVE DR RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 9304 RIVER COVE DR RIVERVIEW, FL 33569 FEI Number: 20-5074594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNETT, STEPHEN G 213 N PARSONS AVE BRANDON, FL 33510 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COSGROVE, PATRICK LOVE, RICHARD Name: Name: 6411 MARBELLA BLVD Address: 1023 SAGO PALM WAY Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: APOLLO BEACH, FL 33572 Title: VD () Delete Title: () Change () Addition NOTO, DEBRA Name: Name: Address: 3401 HEITER ST Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: () Change () Addition JENNINGS, PETER Name: Name: 916 S ROME AV, APT#1 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: PESONEN, HELEN Name: BORIS, PEGGY 1311 BRANDONWOOD DR 3604 GAVIOTA DR Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: RUSKIN, FL 33573 Title: () Delete Title: (X) Change () Addition CONNETT, STEPHEN G GRADY, PETER Name: Name: 217 S VALRICO RD 801 APOLLO BEACH BLVD Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: APOLLO BEACH, FL 33572

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: PATRICK COSGROVE PD 07/09/2007