

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001077

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE KREWE OF ANN JEFFREY, INC.

Current Principal Place of Business:

8819 BAY POINTE DRIVE
E102
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270126
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 26-1685382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLL, SUSAN
8819 BAY POINTE DRIVE
E102
TAMPA, FL 33615 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: P () Delete
Name: TOLL, SUSAN
Address: 8819 BAY POINTE DRIVE E102
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: KEIRN, TERRI
Address: 8819 BAY POINTE DRIVE E102
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: NUCCIO, ROSALYN M
Address: 8924 DONNA LU DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: D () Delete
Name: BLICK, LINDA
Address: 8819 BAY POINTE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: DUNCAN, KIMBERLY
Address: 8819 BAY POINTE DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROSALYN M. NUCCIO

MRS

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date