

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001110

FILED
Apr 21, 2009
Secretary of State

Entity Name: KREWE OF THE BRASS MONKEY INC

Current Principal Place of Business:

540 CARILLON PARKWAY #1080
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

540 CARILLON PARKWAY #1080
ST. PETERSBURG, FL 33716

New Mailing Address:

2104 BARCLAY ROAD W
TAMPA, FL 33612 US

FEI Number: 32-0234076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PATRICIA A
540 CARILLON PARKWAY #1080
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

HAEBERLEIN, DOUGLAS F
14509 MECCA PLACE
TAMPA, FL 33625 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: DOUGLAS F HAEBERLEIN

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHERMAN, MITZI
Address: 8006 SHARON ROAD
City-St-Zip: TAMPA, FL 33617

Title: VD () Delete
Name: HANLON, TRACY
Address: 2104 BARCLAY W.
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: SMITH, PATRICIA A
Address: 540 CARILLON PARKWAY #1080
City-St-Zip: ST. PETERSBURG, FL 33716

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANLON, LINDA
Address: 2104 BARCLAY ROAD W
City-St-Zip: TAMPA, FL 33612 US

Title: VD (X) Change () Addition
Name: OVERTON, LORI
Address: 4005 W ZELAR STREET
City-St-Zip: TAMPA, FL 33629 US

Title: SD (X) Change () Addition
Name: SMITH, PATRICIA A
Address: 540 CARILLON PARKWAY #1080
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: TD () Change (X) Addition
Name: HAEBERLEIN, DOUGLAS F
Address: 14509 MECCA PLACE
City-St-Zip: TAMPA, FL 33625 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: DOUGLAS F HAEBERLEIN

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date