2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N08000006698

Entity Name: THE KREWE OF AMALEE, INC.

Current Principal Place of Business:

112 NORTH FLORIDA AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

112 NORTH FLORIDA AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: 26-3100028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, RICHARD W
112 NORTH FLORIDA AVENUE
DELAND, FL 32720 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: CHRM ( ) Delete
Name: REYNOLDS, CHRIS
Address: 748 OLD TREELINE TRAIL
City-St-Zip: DELAND, FL 32724

Title: S ( ) Delete
Name: HOUCK, TINA ASST-CH
Address: 3699 CROSW BRANCH RD
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete
Name: SEKULA, JENNETTE
Address: 603 TRATFORD DRIVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change ( ) Addition
Name: HOUCK, TINA
Address: 3699 CROSS BRANCH RD
City-St-Zip: DELAND, FL 32724

Title: S (X) Change ( ) Addition
Name: BRAWNER, MARY ANN ASST-CH
Address: 805 N. BOSTON AVE.
City-St-Zip: DELAND, FL 32724

Title: T (X) Change ( ) Addition
Name: SEKULA, JENNETTE
Address: 603 STRATFORD DRIVE
City-St-Zip: DELAND, FL 32724

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: TINA HOUCK CHRM 04/25/2009

Electronic Signature of Signing Officer or Director — Date