


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90041 010 ****61.25

| | |
|---|---|
| DOCUMENT # N26024 |  |
| 1. Entity Name KREWE OF COLUMBUS, INC. | |

| | |
|--|--|
| Principal Place of Business 200 WYNNEHAVEN BCH RD MARY ESTHER, FL 32569 US | Mailing Address P.O. BOX 1651 FORT WALTON BEACH, FL 32549 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MCCARTHY, JAMES F SR
 200 WYNNEHAVEN BEACH RD
 MARY ESTHER, FL 32569

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
(Signature, name and address of the registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering))

Filing Fee is \$61.25
Due by May 1, 2005

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 | PD MCCARTHY, JAMES F SR 200 WYNNEHAVEN BEACH RD MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV AYOTTE, RAY 811 AZALEA DR FT WALTON BEACH, FL 32547 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CULLEN, BILL 131 WYNN HAVEN BEACH RD MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GRIFFIN, MIKE 162 SHORELINE DR MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WEBER, ED 31 COUNTRY CLUB DR DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GARRET, LAMAR 248 LARITTE CRESENT FORT WALTON BEACH, FL 32547 |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John J. Shrip* DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR