





2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90081 043 ****61.25

DOCUMENT # N26024					
1. Entry Name KREWE OF COLUMBUS, INC.					
Principal Place of Business C/O 375 MARIE CR. FORT WALTON BEACH, FL 32548 US			Mailing Address P.O. BOX 1651 FORT WALTON BEACH, FL 32549 US		
2. Principal Place of Business - No P.O. Box # C/O WILLIAM LEYSER		3. Mailing Address C/O WILLIAM LEYSER			
Suite, Apt. # etc. 1974 RUE LA FONTAINE		Suite, Apt. #, etc. 1974 RUE LA FONTAINE			
City & State NAVARRE, FL		City & State NAVARRE FL		04172007 Chg-NP CR2E037 (12/06)	
Zip 32566	Country SANTA ROSA	Zip 32566	Country SANTA ROSA	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent GLOBER, JOE H 375 MARIE CR. FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name WILLIAM LEYSER Street Address (P.O. Box Number is Not Acceptable) 1974 RUE LA FONTAINE City NAVARRE FL Zip Code 32566	
9. The above named entry 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: WILLIAM LEYSER <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 4/18/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP, JOHN J		NAME	REAGAN BELCHER	
STREET ADDRESS	600 BRYAN CR		STREET ADDRESS	2189 MIRACLE STRIP PKWY.	
CITY-STATE-ZIP	MARY ESTHER, FL 32569		CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYOTTE, RAYMOND		NAME	THOMAS KNOWLES	
STREET ADDRESS	811 AZALEA DR		STREET ADDRESS	101 HIDDEN LAKES CIRCLE	
CITY-STATE-ZIP	FT WALTON BEACH, FL 32547		CITY-STATE-ZIP	DESTIN, FL 32550	
TITLE	B	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, EDWARD		NAME	WILLIAM LEYSER	
STREET ADDRESS	801 CROWDER CT.		STREET ADDRESS	1974 RUE LA FONTAINE	
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32547		CITY-STATE-ZIP	NAVARRE FL 32566	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, JOE		NAME	JAMES MCCARTHY	
STREET ADDRESS	375 MARIE CR		STREET ADDRESS	700 WYNNHAVEN BEACH RD	
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548		CITY-STATE-ZIP	MARY ESTHER, FL 32569	
TITLE	D	<input type="checkbox"/> Delete	TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JAMES		NAME	ROBERT TACT	
STREET ADDRESS	161 WYNNHAVEN BEACH RD.		STREET ADDRESS	674 FOREST SHORE DR.	
CITY-STATE-ZIP	MARY ESTHER, FL 32569		CITY-STATE-ZIP	DESTIN, FL 32550	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIDL, HENRY		NAME	JOE GLOVER	
STREET ADDRESS	121 TROY CT.		STREET ADDRESS	375 MARIE CIRCLE	
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32547		CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: WILLIAM LEYSER				DATE: 4/19/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	