


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State


04-25-2008 90136 019 ****61.25

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



Principal Place of Business C/O WILLIAM LEYSER 1974 RUE LA FONTAINE NAVARRE, FL 32566 US	Mailing Address C/O WILLIAM LEYSER 1974 RUE LA FONTAINE NAVARRE, FL 32566 US
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

4. FEJ 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

**LEYSER, WILLIAM
 1974 RUE LA FONTAINE
 NAVARRE, FL 32566**

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	D BELCHER, REAGAN 2189 MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, THOMAS 101 HIDDEN LAKES CIR DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEYSER LEYSER, WILLIAM 1974 RUE LA FONTAINE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, JOE 375 MARIE CR FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES 161 WYNNHAVEN BEACH RD. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIDL, HENRY 121 TROY CT. FORT WALTON BEACH, FL 32547

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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 **WILLIAM LEYSER** 4/14/08 950-936-5162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR