## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26024

Apr 08, 2009 Secretary of State

Entity Name: KREWE OF COLUMBUS, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O WILLIAM LEYSER 1974 RUE LA FONTAINE NAVARRE, FL 32566 **New Mailing Address: Current Mailing Address:** C/O WILLIAM LEYSER 1974 RUE LA FONTAINE NAVARRE, FL 32566 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEYSER, WILLAIM 1974 RUE LA FONTAINE NAVARRE, FL 32566 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BELCHER, REAGAN BELCHER, REAGAN Name: Name: 2189 MIRACLE STRIP PKWY Address: 218-Q MIRACLE STRIP PKWY Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: Title: ( ) Delete () Change () Addition KNOWLES, THOMAS Name: Name: Address: 101 HIDDEN LAKES CIR Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip: Title: () Delete Title: () Change () Addition LEYSER, WILLIAM Name: Name: 1974 RUE LA FONTAINE Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: ( ) Delete Title: D Title: (X) Change ( ) Addition Name: GLOVER, JOE Name: GLOVER, JOE Address: 375 MARIE CR Address: 375 N. W. MARIE CR City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: () Delete Title: () Change () Addition HARRIS, JAMES Name: Name: 161 WYNNHAVEN BEACH RD. Address: Address: City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition AYOTTE, RAY STEIDL, HENRY Name: Name: Address: 121 TROY CT. Address: 811 AZALEA DRIVE FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32547 City-St-Zip: City-St-Zip:

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: WILLIAM LEYSER Т 04/08/2009