2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 8:00 am **Secretary of State**

DOCUMENT # N47392 01-14-2005 90014 024 ****61.25 KREWE OF BOWLEGS OF OKALOOSA COUNTY, FLORIDA, INC. Principal Place of Business Mailing Address ---AUDULTION . 20 ROBINWOOD DR P. O. BOX-1077 FT WALTON BCH., FL 32548 US FT WALTON BEACH, FL 32549 US . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-3105561 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Spencer, Helen SPENCERE, HELEN 304 OAKLAND CIRCLE NW Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH, FL 32548 City Zip Code 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE . Change ☐ Addition ROBBINS, FRANK NAME NAMÉ Ray, Tim 225 Yacht Club Drive, NE 504 PARISH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-ZIP Fort Walton Beach, FL 32548 TITLE **X** Delete TITLE GATES, MIKE NAME NAME Hutson, Don STREET ADDRESS STREET ADDRESS PO BOX 1102 911 sunset Bay Court Shalimar, FL 32579 CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP VD TITLE Delete TITLE VD Manshall, Bruce Change ☐ Addition VAUGHAN, KING NAME NAME 3 PEMBROKE PLACE STREET ADDRESS 9 Bayshore Drive STREET ADDRESS Shalimar, FL 32579 FORT WALTON BEACH, FL 32547 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ■ Addition Amiel, Keith MARSHALL, BRUCE NAME NAME STREET ADDRESS 9 BAYSHORE DRIVE STREET ADDRESS 32 Paradise Point CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP Shalimar, FL 32579 TD TITLE Detete TITLE Change ☐ Addition JAY, STEVE NAME NAME Henderson, Jody 356 Brooks Street, Fort Walton Beach, STREET ADDRESS STREET ADDRESS PO BOX 582 CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP TITLE **Change** TITLE Delete ☐ Addition HUTSON, DON NAME NAME Brown, French STREET ADDRESS 911 SUSENT BAY COURT STREET ADDRESS 249 Sleepy Oaks Road CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP Fort Walton Beach, FL 32548

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Helen Spencer

1-5-05

833-9509

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR