

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47392

FILED
Apr 16, 2009
Secretary of State

Entity Name: KREWE OF BOWLEGS OF OKALOOSA COUNTY, FLORIDA, INC.

Current Principal Place of Business:

20 ROBINWOOD DR
FT WALTON BCH., FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1077
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3105561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, HELEN
304 OAKLAND CIRCLE NW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: MCCORMICK, SCOTT
Address: 320 KILLARNEY RD
City-St-Zip: NICEVILLE, FL 32578

Title: V () Delete
Name: WATSON, KEN
Address: 771 BLVD OF CHAMPIONS
City-St-Zip: SHALIMAR, FL 32579

Title: T () Delete
Name: BARKER, GENE
Address: 908 WOODBRIAR CT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S () Delete
Name: GOODFELLOW, RON
Address: 258 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: P () Delete
Name: FISHER, BROCK
Address: 293 SHALIMAR DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: MARSHALL, BRUCE
Address: 2565 PALM SHORES DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: WATSON, KEN
Address: 771 BLVD OF CHAMPIONS
City-St-Zip: SHALIMAR, FL 32579

Title: V (X) Change () Addition
Name: MCGOVERN, RAY
Address: 256 SLEEPY OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T (X) Change () Addition
Name: BOWYER, KEVIN
Address: 266 LEANING PINES LOOP
City-St-Zip: DESTIN, FL 32541

Title: S (X) Change () Addition
Name: COGLEY, VAN
Address: 46 MARLBOROUGH ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: P (X) Change () Addition
Name: PERRI, DAN
Address: 869 THE MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

Title: D (X) Change () Addition
Name: GOODFELLOW, RON
Address: 253 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579

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: DAN PERRI

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date