

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 036 ****61.25

DOCUMENT # N49890

1. Entity Name

YE LOYAL KREWE OF GRACE O'MALLEY, INC.



Principal Place of Business

Mailing Address

408 INVERNESS AVE
TAMPA FL 33617
US

408 INVERNESS AVE
TAMPA FL 33617
US

2. Principal Place of Business - No P.O. Box #

Joni Cusimano

3. Mailing Address

Joni Cusimano

Suite, Apt. #, etc.

15406 Heathridge Dr.

Suite, Apt. #, etc.

PO Box 320073

City & State

Tampa, Fla

City & State

Tampa, Fla

Zip

33625

Country

USA

Zip

33629

Country

USA

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-3132686

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~408 INVERNESS AVE~~
~~TAMPA FL 33617~~

Name Joni Cusimano

Street Address (P.O. Box Number is Not Acceptable)

15406 Heathridge Drive

City

Tampa

FL

Zip Code

33625

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

Joni Cusimano

President

Aug 6, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME WELLS, KAREN
STREET ADDRESS 4920 ST GROIN
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

TITLE T
NAME SIMMONS, ROBIN
STREET ADDRESS 4205 W CORONA ST
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

TITLE ~~TREASURER~~
NAME WAKEFIELD, HEATHER
STREET ADDRESS 13340 MORAN DR
CITY-ST-ZIP TAMPA FL 33624

☐ Delete

TITLE V
NAME CUSIMANO, JONI
STREET ADDRESS 15406 HEATHRIDGE DR
CITY-ST-ZIP TAMPA FL 33625

☐ Delete

TITLE S
NAME JONES, DAWALS
STREET ADDRESS 2401 S. CLARK
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME JONI CUSIMANO
STREET ADDRESS 15406 HEATHRIDGE DR.
CITY-ST-ZIP TAMPA, FLA 33625

☒ Change ☐ Addition

TITLE VICE PRESIDENT
NAME PAT HEID
STREET ADDRESS 408 INVERNESS AVE
CITY-ST-ZIP TAMPA, FLA 33617

☒ Change ☒ Addition

TITLE TREASURER
NAME WAKEFIELD, HEATHER
STREET ADDRESS 13340 MORAN DR.
CITY-ST-ZIP TAMPA, FLA 33624

☒ Change ☐ Addition

TITLE ASST TREASURER
NAME TASHIADIAZ
STREET ADDRESS 3618 Cleveland St. West
CITY-ST-ZIP Tampa, Fla 33609

☐ Change ☒ Addition

TITLE SECRETARY
NAME JEANIE ROWE
STREET ADDRESS 2430 Watrous
CITY-ST-ZIP Tampa, Fla 33629

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Joni Cusimano

August 6, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR