

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51279

(0)

1. Corporation Name

THE KREWE OF BREU, INC.



Principal Place of Business

4763 GULF BREEZE PKWY.
GULF BREEZE FL 32561
US

Mailing Address

4763 GULF BREEZE PARKWAY
GULF BREEZE FL 32561
US

3. Date Incorporated or Qualified

10/09/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-3166524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

Name

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

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T/D

MENK, PHILIP R.
3610 TIBET DR
GULF BREEZE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

BELL, WARREN
5506 MAVERICK LANE
GULF BREEZE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V/D

DEWAR, TONY
9252 SUNSET STREET
NAVARRE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

GLONEK, LAWRENCE J
4763 GULF BREEZE PKWY
GULF BREEZE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

WALKER, JOY F.
4763 GULF BREEZE PKWY
GULF BREEZE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HASEL, BECKY
5507 MAVERICK LANE
GULF BREEZE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Philip R. Menk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP R. MENK

4/18/96

4/18/96

904 932 8278

CR2E037 (12/95)