FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:20

DOCUMENT # N94000004633 (3)

1. Corporation Name

THE KREWE OF THE KNIGHTS OF SANT' YAGO EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5037 TAMPA FL 33675	P.O. BOX 5037 TAMPA FL 33675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:
4. FEI Number: [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [ ] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLTON, MARCHETA
2101 E 7TH AVENUE
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P. [ ] Change [X] Addition
NAME	ALVAREZ, MANNY G JR	12 NAME	HENRY J. FERNANDES
STREET ADDRESS	4603 WISHART BOULEVARD	13 STREET ADDRESS	1510 E. PALM AVE APT A510
CITY-ST-ZIP	TAMPA FL 33603	14 CITY-ST-ZIP	TAMPA FL. 33605
TITLE	D	21 TITLE	TREAS [ ] Change [X] Addition
NAME	ANASTASI, COSMO S	22 NAME	TOM F. FERRARO
STREET ADDRESS	237 LAKESIDE DRIVE	23 STREET ADDRESS	706. W. M.L. KING BLVD
CITY-ST-ZIP	LUTZ FL 33549	24 CITY-ST-ZIP	TAMPA FL. 33603
TITLE	D V.P.	31 TITLE	SEC [ ] Change [X] Addition
NAME	CANASI, SIMON M	32 NAME	RON DYSER
STREET ADDRESS	7815 N GLEN AVENUE	33 STREET ADDRESS	4312. OAKHURST
CITY-ST-ZIP	TAMPA FL 33614	34 CITY-ST-ZIP	TAMPA FL. 33624
TITLE	D	41 TITLE	[ ] Change [ ] Addition
NAME	BILLIRIS, TED	42 NAME	
STREET ADDRESS	520 DIVISION STREET	43 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	CISNEROS, FRANK	52 NAME	
STREET ADDRESS	4918 LYFORD CAY ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	[ ] Change [ ] Addition
NAME	CUELLAR, JOE	62 NAME	
STREET ADDRESS	522 S RIVERHILLS DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Henry J. Fernandes 1/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005A010