


FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

97 FEB 10 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1996</b>   |  |  |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N94000004633 (3)</b><br>1. Corporation Name<br><b>THE KREWE OF THE KNIGHTS OF SANT' YAGO EDUCATION FOUNDATION, INC.</b> |  |   |  |  |  |
| <b>REINSTATEMENT 1996</b>   |  |   |  |  |  |
| Principal Place of Business<br>P.O. BOX 5037<br>TAMPA FL 33675  |  |   | Mailing Address<br>P.O. BOX 5037<br>TAMPA FL 33675 |  |  |

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>09/19/1994   |  | 3a. Date of Last Report<br>05/01/1995   |  |
| 4. FEI Number<br>APPLIED FOR 31-1467827  |  | Applied For<br>Not Applicable  |  | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |   |  |   |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>HOLTON, MARCHETA<br>2101 E 7TH AVENUE<br>TAMPA FL 33605 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL |  |  |  |
|--|--|--|--|--|--|--|--|

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 Marcheta Holton DATE 2-14-97  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                         |                                 |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|-------------------------|---------------------------------|--------------------|---|--|--|--|
| TITLE                      | D                       | <input type="checkbox"/> DELETE | 1.1 TITLE          | P   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | ALVAREZ, MANNY G JR     |                                 | 1.2 NAME           | HENRY J. FERNANDEZ                                    |  |  |  |
| STREET ADDRESS             | 4603 WISHART BOULEVARD  |                                 | 1.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | TAMPA FL 33603          |                                 | 1.4 CITY-ST-ZIP    | TAMPA FL.   |  |  |  |
| TITLE                      | D                       | <input type="checkbox"/> DELETE | 2.1 TITLE          | TREAS.  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | ANASTASI, COSMO S       |                                 | 2.2 NAME           | TOM. F. FERRARO                                       |  |  |  |
| STREET ADDRESS             | 237 LAKESIDE DRIVE      |                                 | 2.3 STREET ADDRESS | 706 W. N.E. KING BLVD                                 |  |  |  |
| CITY-ST-ZIP                | LUTZ FL 33549           |                                 | 2.4 CITY-ST-ZIP    | TAMPA FL 33603  |  |  |  |
| TITLE                      | D                       | <input type="checkbox"/> DELETE | 3.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | CANASI, SIMON M         |                                 | 3.2 NAME           |   |  |  |  |
| STREET ADDRESS             | 7815 N GLEN AVENUE      |                                 | 3.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | TAMPA FL 33614          |                                 | 3.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      | D                       | <input type="checkbox"/> DELETE | 4.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | BILLIRIS, TED           |                                 | 4.2 NAME           |   |  |  |  |
| STREET ADDRESS             | 520 DIVISION STREET     |                                 | 4.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | TARPON SPRINGS FL 34689 |                                 | 4.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      | D                       | <input type="checkbox"/> DELETE | 5.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | CISNEROS, FRANK         |                                 | 5.2 NAME           |   |  |  |  |
| STREET ADDRESS             | 4918 LYFORD CAY ROAD    |                                 | 5.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | TAMPA FL 33629          |                                 | 5.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      | D                       | <input type="checkbox"/> DELETE | 6.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | CUELLAR, JOE            |                                 | 6.2 NAME           |   |  |  |  |
| STREET ADDRESS             | 522 S RIVERHILLS DRIVE  |                                 | 6.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | TEMPLE TERRACE FL 33617 |                                 | 6.4 CITY-ST-ZIP    |   |  |  |  |

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Tom F. Ferraro DATE 4/2/96 DAYTIME PHONE # 813-214-9335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)