

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90154 026 ***70.00

DOCUMENT # N94000004633

1. Entity Name

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



Principal Place of Business

P.O. BOX 5007
TAMPA FL 33605

Mailing Address

P.O. BOX 5007
TAMPA FL 33605

2. Principal Place of Business

1615 HACIENDA CT
Suite, Apt. #, etc.

3. Mailing Address

1615 HACIENDA CT
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Tampa

City & State

Tampa, FL

4. FEI Number

31-1467827

Applied For

Not Applicable

Zip

33605

Country

USA

Zip

33605

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

D. REX DAMRON
HOLTON, MARCHETA
1615 HACIENDA CT
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

D. Rex Damron

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 May 1, 2004

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	DC	<input type="checkbox"/> Delete
NAME	LEON, HERNAN	
STREET ADDRESS	4107 STILLWATER TERRACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAMRON, D. REX	
STREET ADDRESS	1940 WOLF LAUREL DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ORTIZ, RAYMOND F	
STREET ADDRESS	120 WOODGLEN CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAMB, JACK R	
STREET ADDRESS	9725 TIFFANY OAKS LANE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PALMISANO, WILLIAM JR	
STREET ADDRESS	3104 MCFARLAND RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

D. Rex Damron, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24 Feb 2004 **813**
248 6533