2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

$70.00

DOCUMENT # N94000004633

1. Entity Name

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

Principal Place of Business	Mailing Address
1615 HACIENDA CT TAMPA FL 33605	1615 HACIENDA CT TAMPA FL 33605

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
1615 Hacienda Ct	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State
Zip: 33605 Country: USA	Zip: 3 Country

4. FEI Number: 31-1467827 ☐ 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
DAMRON, O. REX 1615 HACIENDA CT TAMPA FL 33605	Name: Same As Past Years 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: DR. O. Rex Damron — 15 Feb 2006
Signature, typed or printed name of registered agent and title if applicable (New Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC LEON, HERNAN 4107 STILLWATER TERRACE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add U00000477871 04/07/06-80007-009 70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DAMRON, D. REX 1940 WOLF LAUREL DRIVE SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ORTIZ, RAYMOND F 120 WOODGLEN CT OLDSMAR FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LAMB, JACK R 9725 TIFFANY OAKS LANE TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PALMISANO, WILLIAM JR 3104 MCFARLAND RD TAMPA FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DR. O. Rex Damron — 15 Feb 2006 — 813-248-65