2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N94000004633

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

Current Principal Place of Business:

1615 HACIENDA CT
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1615 HACIENDA CT
TAMPA, FL 33605

New Mailing Address:

FEI Number: 31-1467827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAMRON, O. REX
1615 HACIENDA CT
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	WILLIAM, ANTON D	
Address:	17525 CANAL SHORES DR	
City-St-Zip:	TAMPA, FL 33556	
Title:	DP	( ) Delete
Name:	DAMRON, D. REX	
Address:	1940 WOLF LAUREL DRIVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	DV	( ) Delete
Name:	ORTIZ, RAYMOND F	
Address:	120 WOODGLEN CT	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	DS	( ) Delete
Name:	LAMB, JACK R	
Address:	9725 TIFFANY OAKS LANE	
City-St-Zip:	TAMPA, FL 33603	
Title:	DT	(X) Delete
Name:	PALMISANO, WILLIAM JR	
Address:	3104 MCFARLAND RD	
City-St-Zip:	TAMPA, FL 33618	
Title:	DS	(X) Delete
Name:	BARGER, STEPHEN	
Address:	4604 APPLE RIDGE LANE	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DP	(X) Change ( ) Addition
Name:	DAMRON, O. REX	
Address:	1940 WOLF LAUREL DRIVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	BARGER, STEPHEN	
Address:	4604 APPLE RIDGE LANE	
City-St-Zip:	TAMPA, FL 33624	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: O. REX DAMRON DP 01/20/2009

Electronic Signature of Signing Officer or Director — Date