

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004764

FILED
Feb 28, 2007
Secretary of State

Entity Name: MYSTIC KREWE OF NEREIDS, NYMPHS OF THE SEA CORPORATION

Current Principal Place of Business:

C/O SHARON MARTIN
6826 TIDEWATER DR
NAVARRE, FL 32566 US

New Principal Place of Business:

C/O COURTNEY R. WINSTEAD
3052 ROSA DEL VILLA DRIVE
GULF BREEZE, FL 32563 US

Current Mailing Address:

C/O SHARON MARTIN
6826 TIDEWATER DR
NAVARRE, FL 32566 US

New Mailing Address:

C/O COURTNEY R. WINSTEAD
3052 ROSA DEL VILLA DRIVE
GULF BREEZE, FL 32563 US

FEI Number: 59-3141286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUIGNAN, MAUREEN
C/O SHELL FLEMING ET AL
SEVILLE TOWER 7TH FLOOR
PENSACOLA, FL 32501 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: PD () Delete
Name: MATTAIR, SHARON
Address: 6826 TIDEWATER DR.
City-St-Zip: NAVARRE, FL

Title: SD () Delete
Name: HESS, ELLA
Address: 2845 WHISPER BAY
City-St-Zip: GULF BREEZE, FL 32563

Title: VD () Delete
Name: MITCHELL, ELAINE
Address: 1004 MALDONADD DR.
City-St-Zip: PENSACOLA, FL

Title: T () Delete
Name: LENORMAND, MARILYN
Address: 701 LUNDYS LANE
City-St-Zip: MOBILE, AL 36606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HESS, ELLA
Address: 1490 WHISPER BAY BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WINSTEAD, COURTNEY R
Address: 3052 ROSA DEL VILLA DRIVE
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the 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: COURTNEY R. WINSTEAD

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02/28/2007

Electronic Signature of Signing Officer or Director

Date