

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004764

FILED  
May 30, 2011  
Secretary of State

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

**Current Principal Place of Business:**

C/O KATHI LEWIS  
807 LARGO DRIVE  
PENSACOLA BEACH, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KATHI LEWIS  
807 LARGO DRIVE  
PENSACOLA BEACH, FL 32561 US

**New Mailing Address:**

**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  
Name: MATTAIR, SHARON  
Address: 6826 TIDEWATER DR.  
City-St-Zip: NAVARRE, FL 32563 US

Title: SD  
Name: WINSTEAD, COURTNEY  
Address: 3052 ROSA DEL VILLA DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VD  
Name: MITCHELL, ELAINE  
Address: 1004 MALDONADD DR.  
City-St-Zip: PENSACOLA, FL 32561 US

Title: T  
Name: LEWIS, KATHI  
Address: 807 LARGO DRIVE  
City-St-Zip: PENSACOLA BEACH, FL 32561 US

I hereby 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 all other like empowered.

SIGNATURE: KATHI J. LEWIS

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05/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date