2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N97000000444

Entity Name: YE MYSTIC KREWE OF GASPARILLA SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

ONE STEINBRENNER DR
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 25077
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-3443336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STALLINGS, NORMAN JR
ONE STEINBRENNER DR
TAMPA, FL 33614 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:	D	( ) Delete
Name:	VON THRON, JAMES	
Address:	4504 WOODMERE ROAD	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	FARRIOR, PRESTON L	
Address:	2907 VILLA ROSA PARK	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	SWINDAL, STEPHEN W	
Address:	131 WEST DAVIS BOULEVARD	
City-St-Zip:	TAMPA, FL 33606	
Title:	P	( ) Delete
Name:	NORMAN, STALLINGS JR	
Address:	2917 VILLA ROSA PARK	
City-St-Zip:	TAMPA, FL 33611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: NORMAN STALLINGS JR P 04/27/2007

Electronic Signature of Signing Officer or Director — Date