

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000444

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

1114 WEST CASS STREET
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1514
TAMPA, FL 33601 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: 918 HEMINGWAY CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: P () Delete
Name: NORMAN, STALLINGS JR
Address: 719 S. OREGON AVENUE
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: P (X) Change () Addition
Name: NORMAN, STALLINGS JR
Address: 5020 BAYSHORE BOULEVARD, #803
City-St-Zip: TAMPA, FL 33611

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/D

04/30/2009

Electronic Signature of Signing Officer or Director

Date