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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000752 (2)**

1. Corporation Name

KREWE OF BULA, INC.



Principal Place of Business

**555 E. GOVERNMENT ST.
PENSACOLA FL 32501**

Mailing Address

**555 E. GOVERNMENT ST.
PENSACOLA FL 32501**

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

☒ Applied For
☒ Not Applicable

2. Principal Place of Business

21 1024 E. De Soto St

Suite, Apt. #, etc.

22

City & State
PENSACOLA FL

Zip

32501

Country

ESCAMBIA

2a. Mailing Address

26 1024 E. De Soto St

Suite, Apt. #, etc.

27

City & State
PENSACOLA FL

Zip

32501

Country

ESCAMBIA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MINSHEW, LISA S ATTY.
555 E. GOVERNMENT STREET
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name HILA MINSHEW

82 Street Address (P.O. Box Number is Not Acceptable)

1024 E. De Soto St.

83

84 City PENSACOLA

FL

85 Zip Code 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Hila Minshew**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME ROBINSON, CARLA
STREET ADDRESS 812 N. 13TH AVE.
CITY - ST - ZIP PENSACOLA FL 32501**

TITLE ☒ DELETE

**D
NAME MINSHEW, HILA
STREET ADDRESS 1024 E. DESOTO ST.
CITY - ST - ZIP PENSACOLA FL 32501**

TITLE ☒ DELETE

**D
NAME MINSHEW, DON
STREET ADDRESS 1804 E. LLOYD ST.
CITY - ST - ZIP PENSACOLA FL 32501**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Hila Minshew**

May 13 1998

CR2E037 (10/97)