

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000196

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MCKAY'S MASQUERS, INC.

**Current Principal Place of Business:**

367 ESTERBROOK AVENUE NE  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

367 ESTERBROOK AVENUE NE  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 59-3492374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKAY, ALLISON  
367 ESTERBROOK AVENUE NE  
PALM BAY, FL 32907 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: MCKAY, ALLISON  
Address: 367 ESTERBROOK AVENUE NE  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: RAY, MAVIS  
Address: 41 N. FERNWOOD DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DP ( ) Delete  
Name: PISCIONE, MARY  
Address: 367 ESTER BROOK AVE NE  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: MCKAY, ROBIN  
Address: 367 ESTERBROOK AV NE  
City-St-Zip: PALM BAY, FL 32907

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: ALLISON MCKAY

D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date