2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000547

1. Entity Name
KREWE OF SEVILLE, INC.

FILED
05 JAN -5 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
130 E GOVERNMENT ST PENSACOLA, FL 32501-5802	PO BOX 12172 PENSACOLA, FL 32591

12102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3544403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, WILMER H 130 EAST GOVERNMENT STREET PENSACOLA, FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, DOUG 914 FAIRWAY DRIVE PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700043750[illegible] ☐ Change ☐ Addition 01/03/05--01020--014 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JOHNSON, DANNY 46 FAISON ST PENSACOLA, FL 32505	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CECILIA McADAMS 751 PENSACOLA BCH BLVD #6F PENSACOLA BEACH, FL 32561 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, BUCK 2006 E JORDAN STREET PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DUNAWAY, RODNEY 3610 NORTH S STREET PENSACOLA, FL 32505	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Evelyn Chavis 2430 Tronjo Circle Pensacola, Fl 32503 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HARRIS, KELLEY 4025 MONTALVO DR PENSACOLA, FL 32504	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DICKSON QUINA, MARY 2950 MEREDITH DR PENSACOLA, FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12-24-04 850 433-7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #