# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2007**
**Secretary of State**

DOCUMENT# N98000000547

**Entity Name:** KREWE OF SEVILLE, INC.

**Current Principal Place of Business:**

130 E GOVERNMENT ST
PENSACOLA, FL 325015802

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12172
PENSACOLA, FL 32591

**New Mailing Address:**

**FEI Number: 59-3544403** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MITCHELL, WILMER H
130 EAST GOVERNMENT STREET
PENSACOLA, FL 32501 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 (X) Delete
Name: MITCHELL, DOUG
Address: 914 FAIRWAY DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: DT ( ) Delete
Name: PRATOFIORITO, PAUL
Address: 4025 MONTALVO DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Delete
Name: MITCHELL, BUCK
Address: 2006 E JORDAN STREET
City-St-Zip: PENSACOLA, FL 32503

Title: DT ( ) Delete
Name: CHAVIS, EVELYN
Address: 2430 TRONJO CIRCLE
City-St-Zip: PENSACOLA, FL 32503

Title: DT ( ) Delete
Name: DICKSON QUINA, MARY
Address: 2950 MEREDITH DR
City-St-Zip: PENSACOLA, FL 32504

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

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

Title: T (X) Change ( ) Addition
Name: ORR, LAURA P
Address: 3611 STEFANI RD
City-St-Zip: CANTONMENT, FL 32533

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

Title: VC (X) Change ( ) Addition
Name: REID, EVELYN
Address: 2430 TRONJO CIRCLE
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Change ( ) Addition
Name: DICKSON QUINA, MARY
Address: 2950 MEREDITH DR
City-St-Zip: PENSACOLA, FL 32504

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: LAURA P ORR T 04/23/2007

Electronic Signature of Signing Officer or Director — Date