2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002507

1. Entity Name
ST. ANDREWS MARDI GRAS CARNIVAL COMMITTEE INC.

Principal Place of Business	Mailing Address
PO BOX 4091 PANAMA CITY, FL 32401	PO BOX 4091 PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0883848
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, GEORGE R
1106 SHETLAND CT.
LYNN HAVEN, FL 32444

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000077369
03/05/04-80039-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOPER, TERRY P
STREET ADDRESS	7504 BEACH DR.
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	S
NAME	GIBSON, DONNA E
STREET ADDRESS	3918 UPAS ST.
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	T
NAME	ANDERSON, GEORGE R
STREET ADDRESS	1106 SHETLAND CT.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	KANSO, NANCY
STREET ADDRESS	700 TRANSWITHER RD., LOT 7
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	KIDD, AL
STREET ADDRESS	729 BRANDEIS AV
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	REID, SHARON
STREET ADDRESS	803 PREMIER DR.
CITY-ST-ZIP	PANAMA CITY, FL 32401

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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: Terry P Cooper TERRY P COOPER 3-3-04 Pr 258 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #