

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90108 015 \*\*\*\*70.00

**DOCUMENT # N99000002711**

1. Entity Name  
THE KREWE OF ST. FLORIAN, INC.



Principal Place of Business  
3837 NORTHDAL BLVD.  
#288  
TAMPA, FL 33624

Mailing Address  
3837 NORTHDAL BLVD.  
#288  
TAMPA, FL 33624

**50013786**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-3565639

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

KOHAN, JACE  
3837 NORTHDAL BLVD.  
#288  
TAMPA, FL 33624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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**

TITLE P ☐ Delete  
NAME SNIPES, DONALD  
STREET ADDRESS 11306 WOLF CT.  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE VP ☐ Delete  
NAME ALLEN, GARY  
STREET ADDRESS 1208 BRANDON LAKES CT.  
CITY-ST-ZIP UALRICO, FL 33594

TITLE S ☐ Delete  
NAME FORTIER, STEVE  
STREET ADDRESS 4104 W. WYOMING AVE.  
CITY-ST-ZIP TAMPA, FL 33608

TITLE T ☐ Delete  
NAME KOHAN, JACE  
STREET ADDRESS 16604 EAST COURSE DR.  
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

*Jace Kohan - Jace Kohan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-17-06*  
Date

*813-264-2582*  
Daytime Phone #