

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005694

FILED
Jan 16, 2009
Secretary of State

Entity Name: KREWE OF AGUSTINA DE ARAGON, INCORPORATED

Current Principal Place of Business:

1401 COURT STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

PO BOX 21602
TAMPA, FL 33622

New Mailing Address:

FEI Number: 30-0020315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERRY, PEGGIE
17919 CLEAR LAKE DRIVE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

SHERRY, PEGGIE
106 GULF BLVD, UNIT 202
INDIAN ROCKS, FL 33785 US

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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROBERTSON, BRIDGET
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

Title: VP () Delete
Name: CACCIATORE, NATALIE
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

Title: VP () Delete
Name: TROXELL, STACEY
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

Title: SEC () Delete
Name: WEBB, LYNN
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

Title: TRES () Delete
Name: MARTIN, STEPHANIE
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CACCIATORE, NATALIE
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

Title: VP (X) Change () Addition
Name: BETT, KAREN
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

Title: VP (X) Change () Addition
Name: SHARP, DIANE
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

Title: SEC (X) Change () Addition
Name: GATES, JUDY
Address: PO BOX 21602
City-St-Zip: TAMPA, FL 33622

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: NATALIE CACCIATORE

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date