

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006965

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: KREWE OF CHASCO, INC.

## Current Principal Place of Business:

5443 MAIN ST  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

## Current Mailing Address:

5443 MAIN ST  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

FEI Number: 59-3621084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR  
6445 RIDGE RD  
PORT RICHEY, FL 34668 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: PD ( ) Delete  
Name: THOMAS, TED  
Address: 6403 FLORIDA AVE.  
City-St-Zip: NEW PORT RICHEY, FL 346533309

Title: VP ( ) Delete  
Name: DODD, JERRY  
Address: 55529 WYOMING AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: RAYE, DONNA  
Address: 11241 ROLLINGWOOD DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete  
Name: BAUMANN, RONALD  
Address: 10835 VENICE CIR.  
City-St-Zip: TAMPA, FL 33635

Title: SD ( ) Delete  
Name: BRENNER, WENDY  
Address: 5443 MAIN ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Delete  
Name: DAVIS, LYNN  
Address: 10930 FREEMONT DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: BAUMANN, RONALD  
Address: 10835 VENICE CIR  
City-St-Zip: TAMPA, FL 33635

Title: SD (X) Change ( ) Addition  
Name: BRENNER, WENDY  
Address: 5443 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition  
Name: DAVIS, LYNN  
Address: 10930 FREEMONT DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: LYNN DAVIS

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date