

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006197

Entity Name: KREWE OF SOUTH SHORE MARAUDERS FOUNDATION, INC.**Current Principal Place of Business:**1144 EMERALD DUNES DR.
SUN CITY CENTER, FL 33573**Current Mailing Address:**PO BOX 1916
RIVERVIEW, FL 33569 US**FEI Number:** 20-5074594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CYR, ELLEN LOUISE
1144 EMERALD DUNES DR.
SUN CITY CENTER, FL 33573 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:** ELLEN LOUISE CYR

02/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FEUER, CINDY
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP OF FUNDRAISING
Name STRAWSER, ANN
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title TREASURER
Name CYR, ELLEN LOUISE
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title VP
Name HUNTER, MARK THOMAS
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP OF SERVICE
Name ENGELMAN, ROBYN
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title PARLIMENTARIAN
Name FERGUSON, STEPHEN
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP OF PARADES
Name JOHNSON, GREGG
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

Title OTHER, VP OF MEMBERSHIP
Name EKISS, BRAD
Address PO BOX 1916
City-State-Zip: RIVERVIEW FL 33569

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I hereby 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 all other like empowered.

SIGNATURE: ELLEN L. CYR**TREASURER**

02/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	WARD, NICOLE
Address	PO BOX 1916
City-State-Zip:	RIVERVIEW FL 33569