

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005846

**Entity Name:** KREWE OF LAFITTE FOUNDATION, INC.**Current Principal Place of Business:**630 SOUTH D STREET  
PENSACOLA, FL 32502**Current Mailing Address:**630 SOUTH D STREET  
PENSACOLA, FL 32502 US**FEI Number:** 47-1171560**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEDNAR, MARK A.  
11 EAST ZARAGOZA  
PENSACOLA, FL 32502 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:** JOHNNIE R. BLACKMON

05/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           VILLAR, JOSEPH  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

Title            TREA  
Name           BLACKMON, JOHNNIE R  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

Title            SEC  
Name           JERNIGAN, KENNETH E  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

Title            VICE PRESIDENT  
Name           RICHARDS, DON  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

Title            D  
Name           CULBERTSON, WARREN  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

Title            D  
Name           SEARS, WILLIAM  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

Title            D  
Name           BEDNAR, MARK  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

Title            D  
Name           COURTNEY, LUKE  
Address        630 SOUTH D STREET  
City-State-Zip: PENSACOLA FL 32502

*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:** JOHNNIE BLACKMON**TREASURER**

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date