

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 701093 (7)**

1. Corporation Name

**YE MYSTIC KREWE OF GASPARILLA**

Principal Place of Business

Mailing Address

813 W. KENNEDY BLVD.  
SUITE #201  
TAMPA FL 33606  
US813 W. KENNEDY BLVD.  
SUITE #201  
TAMPA FL 33606-1418  
US

3. Date Incorporated or Qualified

06/17/1960

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-0552523

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, C. E.  
813 W. KENNEDY BLVD.  
#201  
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE  
NAME BRANCH, WILLIAM T. M  
STREET ADDRESS 2919 SWANN AVE, STE 303  
CITY-ST-ZIP TAMPA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME PITTMAN, RICHARD A.  
STREET ADDRESS PO BOX 769  
CITY-ST-ZIP TAMPA FL2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Henry C. Brown  
2.3 STREET ADDRESS 802 S. Edison Ave.  
2.4 CITY-ST-ZIP Tampa, FL 33606-2919TITLE D ☒ DELETE  
NAME INGRAM, MICHAEL M.  
STREET ADDRESS 2810 FOUNTAIN BLVD  
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Joseph W. Clark  
3.3 STREET ADDRESS 2530 Prospect Rd.  
3.4 CITY-ST-ZIP Tampa, FL 33629TITLE D ☒ DELETE  
NAME RIDLEY, FRED S.  
STREET ADDRESS 1007 FRANKLAND RD  
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Robert Paul Glaser  
4.3 STREET ADDRESS 810 S. Newport Ave.  
4.4 CITY-ST-ZIP Tampa, FL 33606TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/97 (813)251-4500

Date

Daytime Phone # 0047274

CR2E037 (9/96)