

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701093

Entity Name: YE MYSTIC KREWE OF GASPARILLA**Current Principal Place of Business:**1114 W CASS ST
TAMPA, FL 33606**Current Mailing Address:**P.O. BOX 1514
TAMPA, FL 33601 US**FEI Number:** 59-0552523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNES, DONALD J
1114 W CASS ST
TAMPA, FL 33606 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TAGGART, JOSEPH E
Address 3403 W. PALMIRA AVE.
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name GILLEN, WILLIAM A III
Address 3919 W. ANGELES ST.
City-State-Zip: TAMPA FL 33629

Title PRESIDENT
Name FARRIOR, J. REX III
Address 1114 W CASS ST
City-State-Zip: TAMPA FL 33606

Title SECRETARY
Name DELAVERGNE, JOHN T
Address P.O. BOX 3344
City-State-Zip: TAMPA FL 33601

Title VP
Name CHAPMAN, RICHARD M. III
Address 49 ALBEMARLE AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name ROBBINS, JEROME G II
Address 3413 MULLEN AVE.
City-State-Zip: TAMPA FL 33609

Title TREASURER
Name WOODROFFE, WILLIAM W
Address 940 S. STERLING AVE.
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name ANNIS, JEFFREY S.
Address 3310 W. MULLEN AVE.
City-State-Zip: TAMPA FL 33609

Continues on page 2

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: J. REX FARRIOR III**PRESIDENT****04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BURNETT, C. TODD
Address 4311 W. PALMIRA AVE.
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name HAYES, G. CALVIN
Address 3308 ELIZABETH COURT
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name SMITH, WILLIAM L.
Address 3601 BAYSHORE BLVD
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name CURTIS, WILLIAM P.
Address 3333 W. KENNEDY BLVD.
STE 206
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name CRAIG, ALLEN D.
Address 2808 AQUILLA ST.
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name JONES, GALEN B. DR.
Address 1904 S. BROOKLINE ST.
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name WARREN, JAMES W. IV
Address 5220 S. JULES VERNE COURT
City-State-Zip: TAMPA FL 33611