

**2024 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            PRESIDENT  
Name            GARDNER, T TRUETT  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title            TREASURER  
Name            CHILLURA, VINCENT M  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title            DIRECTOR  
Name            ALFONSO, CARLOS J  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title            DIRECTOR  
Name            GRAHAM, DREW A  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title            VP  
Name            BOOS, SCOTT FREDERICK  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title            SECRETARY  
Name            TUTTLE, ROBERT BURTON  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title            DIRECTOR  
Name            GOUGH, ROBERT B III  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title            DIRECTOR  
Name            ANNIS, JEFFREY S.  
Address        P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

**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: DONALD J BARNES****EXECUTIVE OFFICER****02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LANGFORD, JOHN JOSEPH  
Address P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name STALLINGS, CHARLES NORMAN  
Address P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name REYNOLDS, RYAN POE  
Address P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name GARDNER, PETER JUSTIN  
Address P. O. BOX 1514  
City-State-Zip: TAMPA FL 33601-1514

Title DIRECTOR  
Name CURTIS, WILLIAM PLAYER  
Address P. O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name REY, ANDREW JR.  
Address P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name DAVIS, CHARLES MARION III  
Address P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name THOMAS, CLAY O  
Address P.O. BOX 1514  
City-State-Zip: TAMPA FL 33601

Title EXECUTIVE OFFICER  
Name BARNES, DONALD JAMES  
Address P. O. BOX 1514  
City-State-Zip: TAMPA FL 33601-1514