

2017 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 VP
Name MCGUCKEN, STEPHEN H
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601

Title TREASURER
Name GARDNER, T TRUETT
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601

Title DIRECTOR
Name BOOS, SCOTT F
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

Title PRESIDENT
Name LYKES, CHRISTOPHER C
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601

Title SECRETARY
Name SMITH, C VANCE
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601

Title DIRECTOR
Name CARRERE, CHRISTOPHER M.
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601

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

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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: DONALD J BARNES**CEO****04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHAPMAN, RICHARD M III
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601

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

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

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

Title DIRECTOR
Name CHILLURA, JOSEPH V
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 GARCIA, RALPH III
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601

Title CEO
Name BARNES, DONALD J
Address P.O. BOX 1514
City-State-Zip: TAMPA FL 33601