

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

DOCUMENT# N14000002898

**Entity Name:** KREWE OF THE GATSBY GIRLS, INC**Current Principal Place of Business:**1920 MAGNOLIA AVE  
PENSACOLA, FL 32503**Current Mailing Address:**PO BOX 432  
GULF BREEZE, FL 32562 US**FEI Number:** 46-5176807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARMER, CAMILLE  
1920 MAGNOLIA AVE  
PENSACOLA, FL 32503 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:** CAMILLE FARMER

02/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           REDMOND, GINA  
Address        34 HIGHPOINT DR  
City-State-Zip: GULF BREEZE FL 32561

Title            VP  
Name           STACY, SHIRLEY  
Address        1134 SUNSET LANE  
City-State-Zip: GULF BREEZE FL 32563

Title            TREAS  
Name           FARMER, CAMILLE  
Address        1107 HARBOR LN  
City-State-Zip: GULF BREEZE FL 32563

Title            SECRETARY  
Name           COLE, REBECCA  
Address        1361 ASHFORD DR  
City-State-Zip: GULF BREEZE FL 32563

Title            TREASURER ELECT  
Name           WAGNER-BLANCHARD, JENNIFER  
Address        2635 VENETIAN WAY  
City-State-Zip: GULF BREEZE FL 32563

Title            KREWE LIASON  
Name           REEDER, JESSICA  
Address        316 N BARCELONA ST  
                  APT D  
City-State-Zip: PENSACOLA FL 32503

*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:** CAMILLE FARMER**TREASURER**

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date