

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002898

**Entity Name:** KREWE OF THE GATSBY GIRLS, INC**Current Principal Place of Business:**3752 RAJAH COVE  
GULF BREEZE, FL 32563**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:**CROOKE, ANGELA  
3752 RAJAH COVE  
GULF BREEZE, FL 32563 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	Title	VP
Name	WASHINGER, LUCY	Name	SMITH, CHRISTINA
Address	8205D SCENIC HWY	Address	512 EVENTIDE DR
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	GULF BREEZE FL 32561
Title	TREAS	Title	SECRETARY
Name	WYSOCZYNSKI, ERICA	Name	COLE, REBECCA
Address	4004 LONGWOOD CIR	Address	1361 ASHFORD DR
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	TREASURER ELECT	Title	KREWE LIASON
Name	FARMER, CAMILLE	Name	REDMOND, GINA
Address	1107 HARBOR LN	Address	34 HIGHPOINT DR
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32561

*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:** WASHINGER, LUCY**PRES****01/15/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date