

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90030 006 ****61.25

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04092008 Chg-NP CR2E037 (12/06)

DOCUMENT # 701093 1. Entity Name YE MYSTIC KREWE OF GASPARILLA					
Principal Place of Business 813 W. KENNEDY BLVD. SUITE #201 TAMPA, FL 33606 US			Mailing Address P.O. BOX 1514 TAMPA, FL 33601 US		
2. Principal Place of Business - No P.O. Box # 1114 W Cass St			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tampa, FL			City & State		
Zip 33606		Country		Zip Country	
4. FEI Number 59-0552523				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARBET, JAMES 813 W. KENNEDY BLVD. #201 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1114 W. Cass St City Tampa FL Zip Code 33606		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jim Tarbet</u> DATE <u>4/9/08.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIS, JR., HAROLD W P.O. BOX 1102 TAMPA, FL 33601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Chapman 49 Albemarle Ave Tampa FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, R. JAMES 2523 PROSPECT RD TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Robbins, Jr., R. James 2523 Prospect Rd Tampa FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRIOR, PRESTON L 1306 W. KENNEDY BLVD. TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Farrion, Preston L 1306 W. Kennedy Blvd Tampa FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOUCHTON JR., JOHN T 1700 MACDILL AVE. STE 340 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Clay O. Thomas 2416 W. Prospect Rd. Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINGLE, PHILIP S. 2905 BAYSHORE BLVD., STE 200 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alon D. Harvill 806 S. Newport Ave Tampa FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAMLING III, GEORGE F 5126 W. NEPTUNE WAY TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Andrew V. Pittman 2615 Parkland Blvd. Tampa FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/9/08</u> Daytime Phone # <u>813 251 4500</u>		