

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90394 045 ****61.25

DOCUMENT # 748685

1. Entity Name
YE MYSTIC KREWE OF NEPTUNE, INC.



Principal Place of Business
**601 79TH CRC SOUTH
ST PETERSBURG, FL 33707 US**

Mailing Address
**P.O. BOX 16401
ST PETERSBURG, FL 33733 US**

50038756



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2015529

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBY, JOHN O.
601 79TH CRC SOUTH
ST. PETERSBURG, FL 33707**

Name **BARFIELD, SAM**
Street Address (P.O. Box Number is Not Acceptable)
7865 CAUSEWAY BLVD NORTH
City **ST PETERSBURG** FL Zip Code **33707**

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

Sam Barfield

04/14/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **VD** ☐ Delete
NAME **BARFIELD, SAM**
STREET ADDRESS **7865 CAUSEWAY BLVD NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33707**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **TONDREAULT, STEVEN**
STREET ADDRESS **7051 BAYOU WEST AVENUE**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **FONTAINE, TYLER**
STREET ADDRESS **439 BUTTONWOOD LANE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **VD** ☒ Change ☐ Addition
NAME **TOM PHILLIPS**
STREET ADDRESS **3022 OAK COVE DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **SD** ☐ Delete
NAME **JACOBY, JOHN**
STREET ADDRESS **601 79TH CIRCLE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33707**

TITLE **SD** ☒ Change ☐ Addition
NAME **MICHAEL WYCKOFF**
STREET ADDRESS **161 131ST AVE CIRCLE**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE:

Sam Barfield

04/14/05

727-347-7872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #