

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90390 036 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2015529

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARFIELD, SAM
7865 CAUSEWAY BLVD NORTH
SAINT PETERSBURG, FL 33707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BARFIELD, SAM
7865 CAUSEWAY BLVD NORTH
SAINT PETERSBURG, FL 33707**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
TONDREAU, STEVEN
7051 BAYOU WEST AVENUE
PINELLAS PARK, FL 33782**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
PHILLIPS, TOM
3022 OAK COVE DRIVE
CLEARWATER, FL 33759**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
WYCKOFF, MICHAEL
161 131ST AVE CIRCLE
MADEIRA BEACH, FL 33708**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Phillips, Tom
3022 Oak Cove Dr
Clearwater, FL 33759**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Coffman, Don
341 6th Ave. N.
Tierra Verde, FL 33715**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Nolan, Ed
218 Skiff Point
Clearwater, FL 33767**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

Date

Daytime Phone #