

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90109 029 ****61.25

DOCUMENT # N01425

1. Entity Name

YE MYSTIC REVELLERS, INC.



Principal Place of Business

5531-B ROOSEVELT BLVD.
JACKSONVILLE FL 32244

Mailing Address

P.O. BOX 14789
JACKSONVILLE FL 32238

2. Principal Place of Business

5531-B Roosevelt Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 14789

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-2373822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, WADE MCK ESQ
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

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

3/30/05

FILE NOW: 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

TITLE DP
NAME DAVIS, RON R ☐ Delete
STREET ADDRESS 1783 HOLLY FLOWER LANE
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE DVP
NAME BASSETT, DAVID D JR ☐ Delete
STREET ADDRESS 4837 WATER OAK LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DVP
NAME HUDMON, STANTON W ☐ Delete
STREET ADDRESS 4766 WAVERLY LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DVP
NAME MARTIN, GEORGE E JR ☐ Delete
STREET ADDRESS 4227 DEMEDICI AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DS
NAME WADE, HAMPTON MCK ☐ Delete
STREET ADDRESS 4411 MILAM RD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DT
NAME WELDON, ALAN D DVM ☐ Delete
STREET ADDRESS 3750 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME Bassett, David D. Jr.
STREET ADDRESS 4837 Water Oak Ln
CITY-ST-ZIP Jacksonville FL 32210

TITLE DVP ☒ Change ☐ Addition
NAME Hudmon, Stanton W.
STREET ADDRESS 4766 Waverly Lane
CITY-ST-ZIP Jacksonville FL 32210

TITLE DVP ☒ Change ☐ Addition
NAME Martin, George E. Jr.
STREET ADDRESS 4227 Demedici Avenue
CITY-ST-ZIP Jacksonville FL 32210

TITLE DVP ☒ Change ☐ Addition
NAME Hampton, Wade McK.
STREET ADDRESS 4411 Milam Rd.
CITY-ST-ZIP Jacksonville FL 32210

TITLE DS ☒ Change ☐ Addition
NAME Weldon, Alan D. DVM
STREET ADDRESS 3750 Riverside Avenue
CITY-ST-ZIP Jacksonville FL 32205

TITLE DT ☒ Change ☐ Addition
NAME Wilkerson, James E.
STREET ADDRESS 182 Johnston Ave.
CITY-ST-ZIP Jacksonville FL 32211

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 904/384-7100

Date

Daytime Phone #