# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 31, 2008 8:00 am**
**Secretary of State**
03-31-2008 90042 003 ****61.25

DOCUMENT # N01425

1. Entity Name

YE MYSTIC REVELLERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5531-B ROOSEVELT BLVD.<br>JACKSONVILLE FL 32244 | P.O. BOX 14789<br>JACKSONVILLE FL 32238 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| HAMPTON, WADE MCK ESQ<br>10110 SAN JOSE BLVD<br>JACKSONVILLE FL 32257 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: _____ 3/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25 Due By May 1, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MARTIN, GEORGE E JR.<br>4227 DEMEDICI AVENUE<br>JACKSONVILLE FL 32210 | ☐ Delete | DP<br>Hampton, Wade McK.<br>4411 Milam Road<br>Jacksonville FL 32210 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>HAMPTON, WADE MCK.<br>4411 MILAM ROAD<br>JACKSONVILLE FL 32210 | ☐ Delete | DVP<br>Weldon, Alan D. DVM<br>3750 Riverside Avenue<br>Jacksonville FL 32205 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>WELDON, ALAN D DVM<br>3750 RIVERSIDE AVENUE<br>JACKSONVILLE FL 32205 | ☐ Delete | DVP<br>Greene, Kevin E.<br>4427 Chippewa Drive<br>Jacksonville FL 32210 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>GREENE, KEVIN<br>4427 CHIPPEWA DRIVE<br>JACKSONVILLE FL 32210 | ☐ Delete | DVP<br>Allen, William W. IV<br>4405 Chippewa Drive<br>Jacksonville FL 32210 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>ALLEN, IV, WILLIAM W<br>4405 CHIPPEWA DRIVE<br>JACKSONVILLE FL 32210 | ☐ Delete | DS<br>Taylor, J. Thompson<br>4301 Verona Avenue<br>Jacksonville FL 32210 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TAYLOR, J. THOMPSON<br>4301 VERONA AVENUE<br>JACKSONVILLE FL 32210 | ☐ Delete | DT<br>Van Cleve, Robert B. Jr.<br>4395 Shawnee Street<br>Jacksonville FL 32210 | ☒ Change | ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** _____ 3/13/08 904-268-7227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number