2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2011
Secretary of State

DOCUMENT# N01425

Entity Name: YE MYSTIC REVELLERS, INC.

Current Principal Place of Business:

3106 LAKESHORE BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14789
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 59-2373822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMPTON, WADE MCK ESQ
4348 SOUTHPOINT BLVD
SUITE 101
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ALLEN, WILLIAM W IV
Address: 4405 CHIPPEWA DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVP
Name: TAYLOR, J THOMPSON
Address: 4301 VERONA AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVP
Name: VAN CLEVE, ROBERT B JR
Address: 4395 SHAWNEE STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVP
Name: THOMPSON, DAVID
Address: 576 HUNTER'S GROVE COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: DS
Name: ELLER, STOCKTON
Address: 301 EAST BAY STREET #305
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT
Name: HOLLEY, MARK
Address: 1271 AVONDALE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM ALLEN, IV DP 04/08/2011

Electronic Signature of Signing Officer or Director — Date