

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001857

Entity Name: YE KREWE OF SIR HENRY MORGAN, ADMIRAL OF BRETHREN OF THE COAST, INC.**FILED**
Mar 09, 2022
Secretary of State
4627169608CC**Current Principal Place of Business:**160 COLUMBIA DR #507
TAMPA, FL 33606**Current Mailing Address:**160 COLUMBIA DR #507
TAMPA, FL 33606 US**FEI Number: 04-3736537****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALTENHOFF, NORMAN
4619 OVERLOOK DRIVE, N.E.
SAINT PETERSBURG, FL 33703 US*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

Officer/Director Detail :

Title DIRECTOR
Name MCKINNON, KENNETH R
Address 9527 AQUA LN.
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name PLANES, SCOTT
Address 18006 LINDAWOOD ST
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name DIDIER, GERARD
Address 160 COLUMBIA DR.#507
City-State-Zip: TAMPA FL

Title DIRECTOR
Name CAPAZ, DAN
Address PO BOX 18735
City-State-Zip: TAMPA FL 33679-8735

Title DIRECTOR
Name PINE, ERNEST
Address 20136 TWIN OAKS RD
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR
Name SHORT, WILLIAM
Address 4828 W. SAN JOSE ST.
City-State-Zip: TAMPA FL 33629

Title CAPTAIN
Name SHORT, ANGIE
Address 4828 SAN JOSE STREET
City-State-Zip: TAMPA FL 33629

Title SECRETARY
Name WOLFE-BERGER, NOELLE
Address 5221 BAYSHORE BLVD
City-State-Zip: TAMPA FL 33611

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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: TOM COOPER**TREASURER****03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	COOPER, TOM
Address	11628 PILOT COUNTRY DR
City-State-Zip:	SPRING HILL FL 34610