

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002874

**Entity Name:** YE ENCHANTED KREWE OF BRIGADOON, INC.**Current Principal Place of Business:**14616 ROCKY BROOK DR  
TAMPA, FL 33625**Current Mailing Address:**PO BOX 18091  
TAMPA, FL 33679 US**FEI Number:** 20-1353980**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERBST, JOHN M  
641 FIRST STREET SOUTH  
ST. PETERSBURG, FL 33701 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            PRESIDENT  
Name            TEAL, WILLIAM SCOTT  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title            TREASURER  
Name            MCGUIRE-TEAL, KIM  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title            SECRETARY  
Name            SHERES, LAURA  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title            CHIEFTAN 1  
Name            AKINS, KEN  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title            CHIEFTAN 2  
Name            GILBREATH, HOUSTON  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title            CHIEFTAN 3  
Name            PROVANCE, HOLLY  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title            CHIEFTAN 4  
Name            SMITH, MIKE  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title            CHIEFTAN 5  
Name            MOOK, JENNIFER  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

**Continues on page 2**

*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: KIM MCGUIRE-TEAL****TREASURER****05/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEFTAN 6  
Name GINN, SCOTT  
Address PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title CHIEFTAN 8  
Name MCCUTCHEN, SHAREE  
Address PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title CHIEFTAN 7  
Name MOSLEY, DEBORAH  
Address PO BOX 18091  
City-State-Zip: TAMPA FL 33679

Title PRESIDENT ELECT  
Name THEBEAU, MATTHEW  
Address P.O. BOX 18091  
City-State-Zip: TAMPA FL 33679