

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002874

Entity Name: YE ENCHANTED KREWE OF BRIGADOON, INC.**Current Principal Place of Business:**1587 SOUTH EVERGREEN AVE.
CLEAWATER, FL 33756**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 FOODY, EJ
Address 939 NORTH RIVERHILLS DRIVE
City-State-Zip: TEMPLE TERRACE FL 33617

Title SECRETARY
Name STAEHLE, ANNETTE
Address 15902 NOTTINGHILL DRIVE
City-State-Zip: LUTZ FL 33548

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

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

Title TREASURER
Name CLANCY, SHANNON
Address 1587 SOUTH EVERGREEN AVE
City-State-Zip: CLEARWATER FL 33756

Title CHIEFTAN 4
Name CONRAD, JOANN
Address 903 HICKORY FORK DR
City-State-Zip: SEFNER FL 33584

Title CHIEFTAN 3
Name STAEHLE, MATT
Address 15902 NOTTINGHILL DR
City-State-Zip: LUTZ FL 33548

Title CHIEFTAN 2
Name GWIAZDOWSKI, JAMIE
Address 311 WEST ALVA STREET
City-State-Zip: TAMPA FL 33603

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: SHANNON CLANCY**TREASURER****07/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CHIEFTAN 7
Name AKINS, KEN
Address 5908 NORTH LYNN AVENUE
City-State-Zip: TAMPA FL 33604

Title CHIEFTAN 8
Name HEGGELAND, GREGG
Address 5908 NORTH LYNN AVENUE
City-State-Zip: TAMPA FL 33604