

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002874

**Entity Name:** YE ENCHANTED KREWE OF BRIGADOON, INC.**Current Principal Place of Business:**1108 W BRANDON BLVD  
BRANDON, FL 33511**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:**MOOK, JENNIFER  
1108 W BRANDON BLVD  
BRANDON, FL 33511 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:** JENNIFER MOOK

04/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOOK, JENNIFER  
Address        1108 W BRANDON BLVD  
City-State-Zip: BRANDON FL 33511

Title            TREASURER  
Name            CLOWERS, MICHELLE  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

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

Title            CHIEFTAN 1  
Name            DREWERY, K'CHARIS  
Address        PO BOX 18091  
City-State-Zip: TAMPA FL 33679

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

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

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

Title            CHIEFTAN 5  
Name            GUERRA, YOLANDA  
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:** JENNIFER L MOOK

PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title CHIEFTAN 7  
Name PLAICE, JILL  
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