2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2016
Secretary of State
CC0641550372

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Entity Name: A. L. MEBANE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

ALACHUA FAMILY SERVICE CENTER
ALACHUA ELEMENTARY SCHOOL
ALACHUA, FL 32616

Current Mailing Address:

P.O. BOX 628
ALACHUA, FL 32616

FEI Number: 59-3668618

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, ROGER
2212 NW 170TH ST
NEWBERRY, FL 32669 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	P
Name	HICKMON, ALLEN C
Address	POST OFFICEBOX872
City-State-Zip:	NEWBERRY FL 32669

Title	C
Name	DIXON, PATRICIA W
Address	POST OFFICE BOX 32
City-State-Zip:	HIGH SPRINGS FL 32655

Title	VP
Name	WILLIAMS, BYRAN
Address	23084 NW 174TH AVENUE
City-State-Zip:	HIGH SPRINGS FL 32653

Title	FIN SEC
Name	DURR, JOHN A
Address	POST OFFICE BOX 1055
City-State-Zip:	HIGH SPRINGS FL 32655

Title	TD
Name	DAVIS, CASSANDRA G
Address	POST OFFICE BOX 101
City-State-Zip:	HIGH SPRINGS FL 32615

Title	PRESIDENT
Name	DECOURSEY, CALVIN M
Address	POST OFFICE BOX 166
City-State-Zip:	LACROSSE FL 32658

Title	SEC
Name	CALHOUN, MARIE J
Address	POST OFFICE BOX 434
City-State-Zip:	ALACHUA FL 32616

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: MARIE J. CALHOUN SECRETARY 04/05/2016

Electronic Signature of Signing Officer/Director Detail — Date