

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004427

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	PARLIMENTARIAN
Name	LEE, GUSSIE M
Address	28213 NW CR241
City-State-Zip:	ALACHUA FL 32615

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

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

Title	SECRETARY
Name	WILLIAMS, SHARON
Address	POST OFFICE BOX 628
City-State-Zip:	ALACHUA FL 32616

Title	P
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	VP
Name	MOORE, CHARLES
Address	17596 NW 222ND STREET
City-State-Zip:	HIGH SPRINGS FL 32643

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**COMMITTEE MEMBER****03/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date