## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004695

Apr 30, 2007
Secretary of State

FILED

Entity Name: MARCHING ALUMNI OF COOKMAN, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2915 NW 206TH STREET 4270 NW 173RD DRIVE OPA LOCKA, FL 33056 MIAMI, FL 33055 **Current Mailing Address: New Mailing Address:** 1765 NW 89TH TERRACE MIAMI, FL 33147 FEI Number: 58-2674067 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SNYDER, LAMONT 4270 NW 173RD DRIVE MIAMI, FL 33055 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition WRIGHT, WANDA T Name: Name: 1765 NW 89TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33147 US City-St-Zip: Title: Title: VΡ ( ) Delete (X) Change ( ) Addition COLLINS, WILLIAM Name: TERRY, KING Name: Address: 2915 NW 206TH ST Address: 390 NW 30TH AVE City-St-Zip: OPA LOCKA, FL 33056 US City-St-Zip: OPA LOCKA, FL 33311 US Title: SECR () Delete Title: () Change () Addition BIGGS, WILLIE A Name: Name: 351 NW 48TH STREET, APT A Address: Address: City-St-Zip: MIAMI, FL 33127 US City-St-Zip: Title: DIR ( ) Delete Title: () Change () Addition Name: MAYLOR, MOSES Name: 5738-A SHANANDOAH WAY Address: Address: City-St-Zip: ORLANDO, FL 37809 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition MCKENZIE, WILLIAM G Name: Name: 15800 NW 42ND AVENUE Address: Address: City-St-Zip: MIAMI, FL 33054 US City-St-Zip: Title: () Delete Title: () Change () Addition POITIER, JAMES Name: Name: Address: 640 DR. MARY MCLEOD BETHUNE BLVD Address: DAYTONA BEACH, FL 32114 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WANDA T WRIGHT P 04/30/2007