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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25737 (0)

1. Corporation Name

THE MARCHING WOLVERINE BAND PARENT AND BOOSTER A SSOCIATION, INC.

Principal Place of Business	Mailing Address
RECREATIONAL & NORTHEAST CULTURAL CENTER 801 AVENUE T NE WINTER HAVEN FL 33881 US	RECREATIONAL & NORTHEAST CULTURAL CENTER 801 AVENUE T NE WINTER HAVEN FL 33881-1762 US

3. Date Incorporated or Qualified: 04/04/1988
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, THEODORE JR
3378 AVE. R. N.W.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Theodore Williams Jr. 1-27-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, KENNETH		1.2 NAME	
STREET ADDRESS	1315 10TH STREET NE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLOYD, DENZELL		2.2 NAME	
STREET ADDRESS	2447 MARY B. JEWETT CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, GLENDA		3.2 NAME	
STREET ADDRESS	1817 2ND STREET NW		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, GERRI I		4.2 NAME	
STREET ADDRESS	556 AVE. T N.E.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, THEODORE JR		5.2 NAME	
STREET ADDRESS	3378 AVE R NW		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, AUDRIE		6.2 NAME	
STREET ADDRESS	2107 9TH STREET N.E.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theodore Williams Jr. SIGNATURE REQUIRED 1-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054673