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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25737**

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/04/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Tolston, Linda	☐ Change ☑ Addition
NAME	JAMES, KENNETH		1.2 NAME		
STREET ADDRESS	1315 10TH STREET NE		1.3 STREET ADDRESS	2609 Adamson Ct.	
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	Polk City, FL 33868	
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		

14. I 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, with all other like empowered.

SIGNATURE: Theodore Williams Jr. 2-2-99 (941) 967-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)