


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N25737</b>  |  |
| 1. Entity Name<br><b>THE MARCHING WOLVERINE BAND PARENT AND BOOSTER ASSOCIATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>NORTHEAST RECREATION CENTER<br/>801 AVENUE T NE<br/>WINTER HAVEN, FL 33881 US</b> | Mailing Address<br><b>2107 9TH ST NE<br/>WINTER HAVEN, FL 33881-1775 US</b> |
|---|---|



02142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FEI Number<br><b>52-2315257</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WILLIAMS, THEODORE JR<br/>3378 AVE. R. N.W.<br/>WINTER HAVEN, FL 33881</b> |
|--|

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

|  |            |
|--|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JAMES, KENNETH<br>1315 10TH STREET NE<br>WINTER HAVEN, FL 33881        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLOYD, DONZELL<br>2447 MARY B. JEWETT CIRCLE<br>WINTER HAVEN, FL 33881 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JONES, GLENDA<br>1817 2ND STREET NW<br>WINTER HAVEN, FL 33881          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMPSON, GERRI I<br>556 AVE. T N.E.<br>WINTER HAVEN, FL 33881         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WILLIAMS, THEODORE JR<br>3378 AVE R NW<br>WINTER HAVEN, FL 33881       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WILLIAMS, AUDRIE<br>2107 9TH STREET N.E.<br>WINTER HAVEN, FL 33881     |

**DO NOT WRITE  
IN THIS SPACE**

1100000238356  
02/21/05-80035-016 70.00

|   |   |
|---|---|
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |
| SIGNATURE: <u>Audrie Williams</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | Date: <u>2-18-05</u> Daytime Phone: <u>(863) 967-2844</u> |