

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N25737**

1. Entity Name

THE MARCHING WOLVERINE BAND PARENT AND  
BOOSTER ASSOCIATION, INC.



Principal Place of Business

NORTHEAST RECREATION CENTER  
801 AVENUE T NE  
WINTER HAVEN FL 33881  
US

Mailing Address

2107 9TH ST NE  
WINTER HAVEN FL 33881-1775  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

52-2315257

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, THEODORE JR  
654 AVE. "O" SE  
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME JAMES, KENNETH  
STREET ADDRESS 1315 10TH STREET NE  
CITY-STATE-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000907887  
CITY-STATE-ZIP 05/06/08-80007-004 70.00

TITLE D ☐ Delete  
NAME FLOYD, DONZELL  
STREET ADDRESS 2447 MARY B. JEWETT CIRCLE  
CITY-STATE-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME JONES, GLENDA  
STREET ADDRESS 1817 2ND STREET NW  
CITY-STATE-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME THOMPSON, GERRI  
STREET ADDRESS 556 AVE. T N.E.  
CITY-STATE-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE P ☐ Delete  
NAME WILLIAMS, THEODORE JR  
STREET ADDRESS 654 AVE. "O" SE  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE S ☐ Delete  
NAME WILLIAMS, AUDRIE  
STREET ADDRESS 2107 9TH STREET N.E.  
CITY-STATE-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Theodore Williams Jr* & *Theodore Williams Jr* 4-14-08 (813) 293-9561