

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005843

**Entity Name:** MARCHING 100 ALUMNI BAND ASSOCIATION INCORPORATED**Current Principal Place of Business:**1394 DUNLAWTON AVE  
APT 702  
PORT ORANGE , FL 32127**Current Mailing Address:**1394 DUNLAWTON AVE  
APT 702  
PORT ORANGE, FL 32127 US**FEI Number:** 58-2633444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, AUBRONCEE  
4425 NW 44TH PLACE  
GAINESVILLE, FL 32606 US*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

**Officer/Director Detail :**

Title	PRESIDENT
Name	SHOLTZ, TIFFANY DR.
Address	1394 DUNLAWTON AVE APT 702
City-State-Zip:	PORT ORANGE FL 32127

Title	SR. VP
Name	WILLIAMS , KENNETH
Address	104 NW 109TH AVE APT 106
City-State-Zip:	PEMBROKE PINES FL 33026

Title	TREASURER
Name	GRAHAM, SHALONDA
Address	4814 EAGLES RIDGE LOOP
City-State-Zip:	LITHONIA GA 30038

Title	CORRESPONDING SECRETARY
Name	FLOYD, VALENCIA
Address	8633 DYLAN MICHAEL DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	EXE VP
Name	EVANS, KIMBERLY
Address	2483 ATLANTIS DRIVE APT.11
City-State-Zip:	FORT PIERCE FL 34981

Title	VP OF OPERATIONS
Name	BOSTIC, LENISE
Address	3671 LONDONDERRY COURT
City-State-Zip:	LITHONIA GA 30038

Title	DIRECTOR
Name	MARTIN, AUBRONCEE S
Address	4425 NW 44TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	FINANCIAL SECRETARY
Name	JOHNSON, JUDY
Address	3469 SALTLASH LANE
City-State-Zip:	TALLAHASSEE FL 32317

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*I hereby 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 all other like empowered.*

**SIGNATURE:** AUBRONCEE MARTIN**DIRECTOR****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            RECORDING SECRETARY  
Name            BREDY, VANIA  
Address        8513 NW 38TH STREET  
City-State-Zip: COOPER CITY FL 33024

Title            DIRECTOR  
Name            MINGO, ANTHONY  
Address        50 PARK AVE  
City-State-Zip: TRENTON NJ 08629

Title            DIRECTOR  
Name            NIJAU-ALLEN, WANJIRU  
Address        18162 SW 22ND STREET  
City-State-Zip: MIRAMAR FL 33025

Title            CHAPLAIN  
Name            LEONARD, DELDRICK REV.  
Address        1709 2ND STREET  
City-State-Zip: NW WINTER HAVEN FL 33881

Title            PARLIMENTARIAN  
Name            HOLLOWAY, STANLEY  
Address        3904 22ND STREET  
City-State-Zip: W. LEHIGH ACRES FL 33971

Title            DIRECTOR  
Name            MCNEIL , PERRY  
Address        1327 CREEKWOOD LN  
City-State-Zip: BIRMINGHAM AL 35235

Title            DIRECTOR  
Name            JORDAN, ARTHUR  
Address        1270 NW 32 AVE.  
City-State-Zip: LAUDERHILL FL 33311