

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005843

Entity Name: MARCHING 100 ALUMNI BAND ASSOCIATION INCORPORATED**Current Principal Place of Business:**2377 EMERALD LOOP
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O. BOX 7133
TALLAHASSEE, FL 32314**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	PCD
Name	GAINES, VICTOR
Address	2377 EMERALD RIDGE LOOP
City-State-Zip:	TALLAHASSEE FL 32303

Title	TD
Name	GRAHAM, KIAH
Address	2124 CLAREMONT LANE
City-State-Zip:	TALLAHASSEE FL 32301

Title	SD
Name	EVANS, KIMBERLY
Address	526 12TH AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	VD
Name	SPENCER, BRUCE
Address	2320 NORTH BROAD STREET 2ND FLOOR
City-State-Zip:	PHILADELPHIA PA 19132

Title	VD
Name	WHITE, TONY
Address	1155 S. BREVARD STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

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

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****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date