2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2017
Secretary of State
CC0236276406

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Entity Name: MATTHEW W. GILBERT GRAND ALUMNI, INC.

Current Principal Place of Business:

MATTHEW W. GILBERT GRAND ALUMNI, INC.
POST OFFICE BOX 41325
JACKSONVILLE, FL 32203-1325

Current Mailing Address:

POST OFFICE BOX 41325
JACKSONVILLE, FL 32203-1325 US

FEI Number: 27-0733332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANUEL, KENNETH L
1816 WOODLEIGH DRIVE WEST
JACKSONVILLE, FL 32211-4955 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	CHAIRMAN
Name	CLARK, BEVERLY
Address	542 WEST 18TH STREET
City-State-Zip:	JACKSONVILLE FL 32206-2724

Title	VICE CHAIRMAN OF CORPORATE AFFAIRS
Name	JARRETT, HARRIET S.
Address	7400 HOGAN ROAD APT. # 316
City-State-Zip:	JACKSONVILLE FL 32216-1610

Title	TREASURER
Name	FLOWERS, GERALD T.
Address	POST OFFICE BOX 40572
City-State-Zip:	JACKSONVILLE FL 32203-0572

Title	ASSISTANT FINANCIAL SECRETARY
Name	JACKSON, ELAINE FORD
Address	11411 WOODSONG LOOP, S.
City-State-Zip:	JACKSONVILLE FL 32225-1032

Title	VICE CHAIRMAN OF OPERATIONS
Name	SURRENCY, JACKIE LUCAS
Address	10135 GATE PARKWAY, N. APT. # 207
City-State-Zip:	JACKSONVILLE FL 32246-8255

Title	SECRETARY
Name	BREAKER, BARBARA L.
Address	146 WEST 12TH STREET
City-State-Zip:	JACKSONVILLE FL 32206-3623

Title	FINANCIAL SECRETARY
Name	MITCHELL, JOANN
Address	906 TURTLE CREEK DRIVE, NORTH
City-State-Zip:	JACKSONVILLE FL 32218

Title	BUSINESS MANAGER
Name	SHIELDS, BEVERLY E.
Address	1111 VAN BUREN STREET
City-State-Zip:	JACKSONVILLE FL 32206-5233

Continues on page 2

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: GERALD T. FLOWERS TREASURER 03/17/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SERGEANT AT ARMS
Name	SAPP, CHARLES H.
Address	4230 ARROW CREEK ROAD
City-State-Zip:	JACKSONVILLE FL 32218-9217

Title	CHAPLAIN
Name	COLEMAN, GWENDOLYN
Address	11496 SARASOTA LANE
City-State-Zip:	JACKSONVILLE FL 32218-3491