2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010732

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

FILED Sep 01, 2018 **Secretary of State** CC8706458037

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:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **CHAIRMAN** Title VICE CHAIRMAN OF OPERATIONS

Name CLARK, BEVERLY Name WEEKS. RONALD L.

Address 542 WEST 18TH STREET Address POST OFFICE BOX # 9995

JACKSONVILLE FL 32208-9995 City-State-Zip: JACKSONVILLE FL 32206-2724 City-State-Zip:

Title **SECRETARY** Title VICE CHAIRMAN OF CORPORATE

AFFAIRS

Name GIBBS, CYNTHIA R. Name MANUEL, KENNETH L.

Address 5035 ARROWSMITH ROAD Address 1816 WOODLEIGH DRIVE WEST

City-State-Zip: JACKSONVILLE FL 32208-1095 City-State-Zip: JACKSONVILLE FL 32211-4955

Title FINANCIAL SECRETARY Title

TREASURER JACKSON, ELAINE F. Name FLOWERS, GERALD T.

Address 11411 WOODSONG LOOP, S. Address POST OFFICE BOX 40572

City-State-Zip: JACKSONVILLE FL 32225-1032 JACKSONVILLE FL 32203-0572 City-State-Zip:

Title SERGEANT AT ARMS

Title **BUSINESS MANAGER** Name SAPP, CHARLES H.

Name SHIELDS, BEVERLY E. Address 4230 ARROW CREEK ROAD

Address 1111 VAN BUREN STREET JACKSONVILLE FL 32218-9217 City-State-Zip:

JACKSONVILLE FL 32206-5233 City-State-Zip:

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CORPORATE AFFAIS

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.

09/01/2018 SIGNATURE: KENNETH L. MANUEL VICE PRESIDENT OF

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title CHAPLAIN

Name MANNING, HAROLD SR.

Address 2824 BELAIR ROAD, N.

City-State-Zip: JACKSONVILLE FL 32207-4406

Title PARLIAMENTARIAN

Name BROWN, LULA

Address 6916 CHAMPLAIN ROAD

City-State-Zip: JACKSONVILLE FL 32208-2421

Title ASSISTANT SECRETARY

Name SHIELDS, BEVERLY E.

Address 1111 VAN BUREN STREET

City-State-Zip: JACKSONVILLE FL 32206-5233