

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010732

Entity Name: MATTHEW W. GILBERT GRAND ALUMNI, INC.**Current Principal Place of Business:**1816 WOODLEIGH DRIVE WEST
JACKSONVILLE, FL 32211-4955**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 MANUEL, KENNETH LEON
Address 1816 WOODLEIGH DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32211-4955

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 CARTER, CAROLYN
Address 2530 ARMOR COURT
City-State-Zip: JACKSONVILLE FL 32254-6218

Title VICE CHAIRMAN OF OPERATIONS
Name SURRENCY, JACKIE LUCAS
Address 7925 MERRILL ROAD APT.
APT. # 712
City-State-Zip: JACKSONVILLE FL 32277-6508

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

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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: KENNETH L. MANUEL

CHAIRMAN

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SERGEANT AT ARMS	Title	CHAPLAIN
Name	SAPP, CHARLES H.	Name	COLEMAN, GWENDOLYN
Address	4230 ARROW CREEK ROAD	Address	11496 SARASOTA LANE
City-State-Zip:	JACKSONVILLE FL 32218-9217	City-State-Zip:	JACKSONVILLE FL 32218-3491