#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010732

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

**FILED** Mar 23, 2014 Secretary of State CC9466904538

## **Current Principal Place of Business:**

1816 WOODLEIGH DRIVE WEST JACKSONVILLE, FL 32211

### **Current Mailing Address:**

POST OFFICE BOX 9551 JACKSINVILLE, FL 32208

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 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** Title VICE CHAIRMAN OF OPERATIONS

Name MANNING, HAROLD L SR. Name STROY, LEON

1511 QUAIL WOOD COURT Address 2824 BELAIR ROAD, WEST Address

FLEMING ISLAND FL 32003-7218 JACKSONVILLE FL 32207-4406 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title VICE CHAIRMAN OF CORPORATE

**AFFAIRS** 

Name JACKSON, ELAINE F SURRENCY, JACKIE L. Name

Address 11411 WOODSONG LOOP, S. 7925 MERILL ROAD, APT. #72 Address JACKSONVILLE FL 32225-1032 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32277-6508

Title **TREASURER** 

Title ASST. SECRETARY Name CANADY, MINNIE M

BOWMAN, SYLVIA R Name Address 11146 RALEY CREEK DRIVE, N. Address 2417 BURGOYNE DRIVE City-State-Zip: JACKSONVILLE FL 32225-2331

City-State-Zip: JACKSONVILLE FL 32208-3073

Title ASSISTANT FINANCIAL SECRETARY FINANCIAL SECRETARY Title

Name MITCHELL-BARNEY, JOANN G.

Name FLOWERS, GERALD Address 1818 ROWE AVENUE

POST OFFICE BOX 40572 Address City-State-Zip: JACKSONVILLE FL 32208-3258

JACKSONVILLE FL 32203-0572 City-State-Zip:

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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: HAROLD L. MANNING, SR.

**CHAIRMAN** 

03/23/2014

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title BUSINESS MANAGER

Name BROWN, LULA

Address 6916 CHAMPLAIN ROAD

City-State-Zip: JACKSONVILLE FL 32208-2421