**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 08, 2021**
**Secretary of State**
**0584078209CC**

DOCUMENT# N09000010732

**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:** Yes

**Name and Address of Current Registered Agent:**

MCCRAY, JOHNNY
2908 RIBAULT CIRCLE 2908 RIBAULT CIRCLE
JACKSONVILLE, FL 32208 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: JOHNNY MCCRAY 04/08/2021

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | CHAIRMAN |
| Name | MCCRAY, JOHNNY CHAIRMAN |
| Address | 2908 RIBAULT CIRCLE |
| City-State-Zip: | JACKSONVILLE FL 32208 |

| | |
|---|---|
| Title | TREASURER |
| Name | MANUEL, KENNETH L. |
| Address | POST OFFICE BOX 40572 |
| City-State-Zip: | JACKSONVILLE FL 32203-0572 |

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

| | |
|---|---|
| Title | PARLIAMENTARIAN |
| Name | MANNING, HAROLD SR. |
| Address | MATTHEW W. GILBERT GRAND ALUMNI, INC.<br>POST OFFICE BOX 41325 |
| City-State-Zip: | JACKSONVILLE FL 32203-1325 |

| | |
|---|---|
| Title | SECRETARY |
| Name | GIBBS, CYNTHIA R. |
| Address | 5035 ARROWSMITH ROAD |
| City-State-Zip: | JACKSONVILLE FL 32208-1095 |

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

| | |
|---|---|
| Title | CHAPLAIN |
| Name | RHODEN, VIVIAN |
| Address | POST OFFICE BOX 41325 |
| City-State-Zip: | JACKSONVILLE FL 32203-1325 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | MCGRIFF, YVONNE |
| Address | POST OFFICE BOX 41325 |
| City-State-Zip: | JACKSONVILLE FL 32203-1325 |

*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: JOHNNY MCCRAY CHAIRMAN 04/08/2021

Electronic Signature of Signing Officer/Director Detail — Date