2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2015
Secretary of State
CC1482854127

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Entity Name: THE MARCHING WOLVERINE BAND PARENT AND BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:

NORTHEAST RECREATION CENTER
801 AVENUE T NE
WINTER HAVEN, FL 33881

Current Mailing Address:

2107 9TH ST NE
WINTER HAVEN, FL 33881 US

FEI Number: 52-2315257

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, THEODORE JR
654 AVE. O SW
WINTER HAVEN, FL 33880 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	D	Title	D
Name	JAMES, KENNETH	Name	FLOYD, DONZELL
Address	1315 10TH STREET NE	Address	2447 MARY B. JEWETT CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	WINTER HAVEN FL 33881
Title	D	Title	D
Name	JONES, GLENDA	Name	THOMPSON, GERRI I
Address	1817 2ND STREET NW	Address	556 AVE. T N.E.
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	WINTER HAVEN FL 33881
Title	P	Title	S
Name	WILLIAMS, THEODORE JR	Name	WILLIAMS, AUDRIE L
Address	654 AVE. O SW	Address	2107 9TH STREET N.E.
City-State-Zip:	WINTER HAVEN FL 33880	City-State-Zip:	WINTER HAVEN FL 33881

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: AUDRIE L. WILLIAMS SECRETARY 04/14/2015

Electronic Signature of Signing Officer/Director Detail — Date