

FILE NOW: FILING FEE IS \$61.25

**APPROVED
AND
FILED**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 FEB -8 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20204 (6)
1. Corporation Name
MANDARIN COMMUNITY CLUB, INC.



Principal Place of Business Mailing Address
**12447 MANDARIN RD.
JACKSONVILLE FL 32257
US** **PO BOX 23172
JACKSONVILLE FL 32241-3172
US**

3. Date Incorporated or Qualified **04/17/1987** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2367544	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LISSKA, EMILY R
10404 SYLVAN LN W.
SUITE 2
JACKSONVILLE FL 32257**

81 Name **MICHAEL J. GARVIN**
82 Street Address (P.O. Box Number is Not Acceptable)
9650 WHITTINGTON DRIVE
83
84 City **JACKSONVILLE** FL 85 Zip Code **32257**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MICHAEL J. GARVIN** DATE **1/22/96**
Sign a, etc., typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, MIKE	1.2 NAME	MICHAEL J. GARVIN
STREET ADDRESS	9650 WHITTINGTON JACKSONVILLE FL	1.3 STREET ADDRESS	9650 WHITTINGTON DR. JACKSONVILLE, FL 32257
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THENOILS, DOT	2.2 NAME	100001720711
STREET ADDRESS	11847 LORETTO WOODS CT. JACKSONVILLE FL	2.3 STREET ADDRESS	-03/01/96--01008--00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	***70.00
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISSKA, EMILY	3.2 NAME	CARL DAVIS
STREET ADDRESS	10404 SYLVAN LANE JACKSONVILLE FL	3.3 STREET ADDRESS	11647 HAMRICK PL JACKSONVILLE FL 32223
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULPEPPER, DON	4.2 NAME	DAVID STREETMAN
STREET ADDRESS	11921 LITTLE CREEK LN JACKSONVILLE FL	4.3 STREET ADDRESS	2512 LORETTO ROAD JACKSONVILLE, FL 32223
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYTON, THERESA	5.2 NAME	WILLIAM H. JETER
STREET ADDRESS	12176 BANYAN TREE DR. JACKSONVILLE FL	5.3 STREET ADDRESS	11136 SCOTT MILL ROAD JACKSONVILLE FL 32223
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHWELL, MARY ANN	6.2 NAME	
STREET ADDRESS	12380 MANDARIN RD. JACKSONVILLE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MICHAEL J. GARVIN** DATE **1/22/96 (904)262-0221**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E037 (12/95)