


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90027 045 \*\*\*\*61.25

DOCUMENT # *N20204*

1. Entity Name  
*MANDARIN COMMUNITY CLUB, INC.*



**DO NOT WRITE IN THIS SPACE**

40006012

2. Principal Place of Business <i>12447 MANDARIN Rd</i> Suite, Apt. #, etc. <i>JACKSONVILLE</i> City & State <i>FL</i> Zip <i>32223</i> Country <i>USA</i>		3. Mailing Address <i>12447 MANDARIN Rd.</i> Suite, Apt. #, etc. <i>JACKSONVILLE</i> City & State <i>FL</i> Zip <i>32223</i> Country <i>USA</i>	
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CR2E037B (8/05)

4. FEI Number	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *DAN COPELAND*

Street Address (P.O. Box Number is Not Acceptable) *12447 MANDARIN Rd*

City *JACKSONVILLE* FL Zip Code *32223*

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended AR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT - WANDA BOSWORTH 12222 GOVERNORS DR E JACKSONVILLE 32223</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. PRES. SUSIE SCOTT 13200 MANDARIN Rd JACKSONVILLE FL 32223</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEC. BETTY WOLFE 3345 BERWICK DR S JACKSONVILLE FL 32257</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREAS. ODILE GRACEY 1652 RIVERGATE DR JACKSONVILLE, FL 32223</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LYNN CUDR DIR. 11509 SEDGEMOORE DR N JACKSONVILLE FL 32223</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CHARLIE DYER DIR 9463 BEAUCLERC OAKS DR JACKSONVILLE FL 32257</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like employment.

SIGNATURE: *Wanda Bosworth* 1/20/06 904-260-3384