

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90033 019 \*\*\*\*61.25

**DOCUMENT # 703606**  
 1. Entity Name  
 THE MANDARIN PRESBYTERIAN CHURCH, INC.



Principal Place of Business  
 11844 MANDARIN ROAD  
 JACKSONVILLE, FL 32223

Mailing Address  
 11844 MANDARIN ROAD  
 JACKSONVILLE, FL 32223

40063082



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-0978265

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 POUND, KEVIN C  
 3609 HILLARD ROAD  
 JACKSONVILLE, FL 32217

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, OWEN L 9995 MERLIN DRIVE E. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, EDNA M 10248 SCOTT MILL ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HEARD, MICHAEL F 2835 RIDGEFIELD CT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTER, RANDALL W. 345 MAPLEWOOD DRIVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RHODES 969 SHIPWATCH E. JACKSONVILLE, FL 32255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MARK 12177 ALADIN ROAD JACKSONVILLE, FL 32223

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael F Heard 1/17/08 904680-9953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #