

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703606

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE MANDARIN PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

11844 MANDARIN ROAD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11844 MANDARIN ROAD
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-0978265 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POUND, KEVIN C
3609 HILLARD ROAD
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, OWEN L
Address: 9995 MERLIN DRIVE E.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: JONES, EDNA M
Address: 10248 SCOTT MILL ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DC () Delete
Name: HEARD, MICHAEL F
Address: 2835 RIDGEFIELD CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HESTER, RANDALL W
Address: 345 MAPLEWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: ROBINSON, RHODES
Address: 969 SHIPWATCH E.
City-St-Zip: JACKSONVILLE, FL 32255

Title: D () Delete
Name: ANDERSON, MARK
Address: 12177 ALADIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSA HEARD

_____ Electronic Signature of Signing Officer or Director

ADM.

03/19/2009

_____ Date