2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #711273 01-25-2005 90041 019 ****61.25 MANDARIN-LORETTO VOLUNTEER FIRE DEPARTMENT, Principal Place of Business Mailing Address 3000000A 11111-70 SAN JOSE BLVD. . . 111.11-70 SAN JOSE BLVD. #275 #275 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-1095033 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVANS, ERIN Street Address (P.O. Box Number is Not Acceptable) 11247 SAN JOSE BLVD #1113 JACKSONVILLE, FL 32223 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change . EVANS, ERIN NAME NAME 2788 Via Baya Lane Jacksonuille, FL 32223 11247 SAN JOSE BLVD #1113 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32223 CITY-ST-ZP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition SCHUSTER, SAMMI NAME NAME STREET ADDRESS 4801 LOSCO ROAD STREET ADORESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition EVANS, ERIN NAME MAME 2788 VIA BAMA Lane STREET ADDRESS 11247 SAN JOSE BLVD APT 1113 STREET ADDRESS Jackson 4116, FL 92223 CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-7IP ☐ Delete ППЕ ☐ Addition TITLE NAME ELLIOT, LARRY NAME 1814 GRASSINGTON WAY STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32223 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition BAYLISS, RYAN NAME NAME STREET ADDRESS 10415 ILAH RD STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Dr Change ☐ Addition **ELLIOTT, LARRY** MAJUE MAME 3607 CAMELON CLOSSING DK TAKKYONS ICE , FT 32223 1814 GRASSINGTON WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 Block 11 if

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED

Jan 25, 2005 8:00 am

904-704-3684