FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 763809

(1)

MANDARIN BAPTIST CHURCH, INC.												
Principal Place	of Business		Mailing Add	Mailing Address					1 180111 10010 BIANA 15101 19131 06110 1	BII BIBII BIBII BIBII BII	III BENII DINIC INNE	
11244 SAN JO JACKSONVILL				11244 SAN JOSE BLVD. JACKSONVILLE FL 32223								
									3. Date Incorporated or Qualified 06/18/1982	3a. Date of Las 04/11/		
2. Principal Pla	ace of Busine	ess	2a. Mailing	2a. Mailing Address					4. FEI Number			
21			26	<u> </u>					59-1105015 Not Applicable			
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			<u> </u>	City & State					Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip	Country			.			ountry		This corporation has liability for intangible tax under s. 199.032,		-	
24	25		29	<u> </u>		ŕ			Florida Statutes			
		and Address of Curren	it Registered Ag	ent					10. Name and Address of New Re	gistered Agent		
						81	Name					
KING, ROBERT H. 10873 SCOTT MILL RD.						82	Street A	Addres	s (P.O. Box Number is Not Acceptable			
	NVILLE FL						83					
JACKSO	MANIFUE LE	32223					0					
						84	City			FL 85 1	Zip Code	
or register familiar wit SIGNATURE	ed agent, or th, and accep	ons of Sections 617.0502 both, in the State of Florio the obligations of, Sect	da. Such change ion 617.0503, Flo	was authorized orida Statutes.	d by the	corpo	oration's	board	on submits this statement for the purp of directors. Thereby accept the appoil	ose of changing its ntment as registers	registered office ed agent. I am	
12.		OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TIFLE	TD		E .	DELETE 1		11 TiTLE Tr		Trı	ıstee	Change	Addition	
NAME	WILLIAM	AS, A. R. JR.	•	•	1.2 N	AME			verly Walker	•		
STREET ADDRESS	ADDRESS 2837 SPANISH COVE TR.			1.3 \$			1.3 STREET ADDRESS 12.		2575 Brady Place Boulevard acksonville, FL32223			
CITY-ST-ZIP	JACKSC	ONVILLE FL					.4 CITY-ST-ZIP Ja		ksonville FL32223	evaru		
TITLE	TD			DELETE	2 1 T	TLE			, , , , , , , , , , , , , , , , , , ,	☐ Change	e 🔲 Addition	
NAME		iobert, H			2.2 N	AME						
STREET ADDRESS		SCOTTMILL RD			2 3 S	TREET	ADDRESS					
CITY-ST-ZIP	········	ONVILLE FL		700.010	_	OTY-S	T - ZIP			Chase	e [] Add tion	
TITLE	TD		Ġ	DELETE	311					Change	; [] Add tion	
NAME		d, Joseph O. Mandarin Rd.			321		IDDDCCO					
STREET ADDRESS		ONVILLE FL				3 3 STREET ADDRESS 3 4. CITY+ST+2(P						
CITY-ST-ZIP TITLE	T	DIAAITTE LT		DELETE	4.1 T		1 - 205	1		☐ Change	e 🔲 Addition	
NAME	KING F	VELYN E	_		4.21							
STREET ADDRESS	KING, EVELYN F. 10873 SCOTT MILL RD.				4.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL			- 1	4.4 O(TY-ST-ZIP							
TITLE	DELETE		DELETE	_	51 TiTLE				☐ Chang	e 🔲 Addition		
NAME					52 N	AME						
STREET ADDRESS					535	THEET	ADDRESS	ł				
C(TY-ST-ZIP					540	IIY-S	1 - ZIP					
TITLE				DELETE	6.1	ITLE				☐ Chang	e 🔲 Addition	
NAME					621	AME						
STREET ADDRESS					635	TREET	ADDRESS					
C(TY-ST-ZIP						ITY-S		<u> </u>				
14. I do hereb	by certify that	the information supplied	with this filing is v	oluntarily furnis	shed and	doe	s not qua	alify for	the exemption stated in Section 119.0	7(3)(k), Florida Sta	utes. 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 AND TYPED OR PRINTED NAME OF PUNNING OFFICER OR DIRECTOR

SIGNATURE: 1

02-13-96 904-268-9270