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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05967 (7)

1. Corporation Name

MANDARIN BUSINESS ASSOCIATION, INC.

Principal Place of Business

3130 HARTLEY RD.  
JACKSONVILLE FL 32257

Mailing Address

8535-3 BAYMEADOWS RD.  
SUITE 192  
JACKSONVILLE FL 32256  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CATES, STEVE  
4190 BELFORD ROAD  
SUITE 150  
JACKSONVILLE FL 32216-6353

3. Date Incorporated or Qualified

11/01/1984

4. FEI Number

59-2478844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CATES, STEVE  
STREET ADDRESS 4190 BELFORD RD. STE. 150  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE VT  
NAME ELLIOTT, LARRY  
STREET ADDRESS 1111-2A SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE PD  
NAME GOECKEL, STAN  
STREET ADDRESS 3439 DOCKSIE DR. S.  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE T  
NAME WALLMEYER, FRANK  
STREET ADDRESS 4371 GALSSEN COURT  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE T  
4.2 NAME HUERTH, ALAN  
4.3 STREET ADDRESS 13026 Silver Oak Dr.  
4.4 CITY-ST-ZIP Jacksonville, FL 32223

☐ Change ☒ Addition

5.1 TITLE VD  
5.2 NAME BOWLUS, MICHAEL  
5.3 STREET ADDRESS 10110 SAN JOSE BLVD.  
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 in an attachment with an address.

SIGNATURE: ALAN HUERTH REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/98

Date

(904) 296-9333

Daytime Phone # 0078757

CR2E037 (10/97)