

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 17, 2006 8:00 am  
Secretary of State**

03-17-2006 90127 007 \*\*\*\*61.25

**DOCUMENT # N12759**

1. Entity Name  
**MANDARIN LUTHERAN CHURCH CORPORATION**



Principal Place of Business  
**11900 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223**

Mailing Address  
**11900 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01162006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2450495</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**ENDERLE, ROBERT JR  
11900 SAN JOSE BLVD  
JACKSONVILLE, FL 32223**

Name **Greg Broads**

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

**11900 San Jose Blvd.**

City

**Jacksonville**

**FL**

Zip Code  
**32223**

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  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PD  
**NAME** ENDERLE, ROB  
**STREET ADDRESS** 11900 SAN JOSE BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32223

Delete

**TITLE** PD  
**NAME** RHOADS, Greg  
**STREET ADDRESS** 11900 San Jose Blvd.  
**CITY-ST-ZIP** Jacksonville, FL 32223

Change

Addition

**TITLE** VD  
**NAME** RHOADS, GREG  
**STREET ADDRESS** 11900 SAN JOSE BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32223

Delete

**TITLE** VD  
**NAME** Werner, Roger  
**STREET ADDRESS** 11900 San Jose Blvd.  
**CITY-ST-ZIP** Jacksonville, FL 32223

Change

Addition

**TITLE** T  
**NAME** DAUGHERTY, HAL  
**STREET ADDRESS** 11900 SAN JOSE BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32223

Delete

**TITLE** T  
**NAME** Richardson, Kathy  
**STREET ADDRESS** 11900 San Jose Blvd.  
**CITY-ST-ZIP** Jacksonville, FL 32223

Change

Addition

**TITLE** S  
**NAME** MISNER, CINDY  
**STREET ADDRESS** 11900 SAN JOSE BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32223

Delete

**TITLE** S  
**NAME** Richardson, Kathy  
**STREET ADDRESS** 11900 San Jose Blvd.  
**CITY-ST-ZIP** Jacksonville, FL 32223

Change

Addition

**TITLE** D  
**NAME** DORR, SHARON  
**STREET ADDRESS** 11900 SAN JOSE BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32223

Delete

**TITLE** D  
**NAME** Richardson, Kathy  
**STREET ADDRESS** 11900 San Jose Blvd.  
**CITY-ST-ZIP** Jacksonville, FL 32223

Change

Addition

**TITLE**   
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

Delete

**TITLE**   
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

Change

Addition

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:** *Harold C. Daugherty*

**Harold C. Daugherty, Treasurer**

**3/14/06**

**710-2489**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #