

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90015 026 \*\*\*\*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**

40033340



**DO NOT WRITE IN THIS SPACE**

02242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2450495**

Applied For  
Not Applicable

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

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

**BHOADS, GREG  
11900 SAN JOSE BLVD  
JACKSONVILLE, FL 32223**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	<del>RHOADS, GREG</del> <i>Cindy Taylor</i>
STREET ADDRESS	11900 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	VD
NAME	WIEGEL, JOE
STREET ADDRESS	11900 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	T
NAME	DAUGHERTY, HAL
STREET ADDRESS	11900 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	S
NAME	<del>TAYLOR, CINDY</del> <i>Amanda Heystek</i>
STREET ADDRESS	11900 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	DORR, SHARON
STREET ADDRESS	11900 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]* **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/08*

Date

*904-905-7481*

Daytime Phone #