

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90330 030 ****61.25

DOCUMENT # N17732

1. Entity Name
MANDARIN FIRST ASSEMBLY OF GOD, INC.



Principal Place of Business
**3423 LORETTO RD
JACKSONVILLE, FL 32223 US**

Mailing Address
**3423 LORETTO RD
JACKSONVILLE, FL 32223 US**

50010445



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2412121

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLS, RONALD A
10855 LOSCO JUNCTION DR
JACKSONVILLE, FL 32257**

Name **Stephen Powers**
Street Address (P.O. Box Number is Not Acceptable) **(Temporary address)**
3423 Loretto Road
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 **PCD** ☒ Delete
NAME **NICHOLS, RONALD A**
STREET ADDRESS **10855 LOSCO JCT DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **PCD** ☐ Change ☒ Addition
NAME **Stephen Powers**
STREET ADDRESS **3423 Loretto Road**
CITY-ST-ZIP **Jacksonville FL 32223**

TITLE **DS** ☒ Delete
NAME **CHADDOCK, ROBERT**
STREET ADDRESS **10060 ELMBROOK CR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☐ Change ☒ Addition
NAME **Joe Jamerson**
STREET ADDRESS **1755 Royal Fern LN**
CITY-ST-ZIP **Orange Park FL 32003**

TITLE **D** ☐ Delete
NAME **DURDEN, MIKE**
STREET ADDRESS **1341 TANGERINE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEATHINGTON, WILL**
STREET ADDRESS **12131 GRAND LAKES DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **CAVANAGH, JOHN**
STREET ADDRESS **5193 DERBY FOREST DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GUNTER, JIM**
STREET ADDRESS **12939 JULINGTON RIDGE DR E**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **D** ☐ Change ☒ Addition
NAME **NORMAN CARTER**
STREET ADDRESS **1025 BERNATH RD**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #