FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:03

DOCUMENT # **N41075** **(5)**

1. Corporation Name

MANDARIN COMMUNITY MUSEUM & HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P O BOX 23601 JACKSONVILLE FL 32241	P O BOX 23601 JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3044701 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JETER, WILLIAM H., JR.
~~3030 HARTLEY RD~~
~~STE 200~~
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Boulevard
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X _____ 2/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	DP ☐ Change ☒ Addition
NAME	~~ANDERSON, ERIC W~~	1.2 NAME	Davis, Carl
STREET ADDRESS	~~19589 MANDARIN RD~~	1.3 STREET ADDRESS	11647 Hamrick Pl.
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	DP	2.1 TITLE	D ☒ Change ☐ Addition
NAME	FORD, SUSAN	2.2 NAME	Ford, Susan
STREET ADDRESS	2767 BRANDYBUCK TR	2.3 STREET ADDRESS	2767 Brandybuck Tr.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	~~DV~~	3.1 TITLE	DV ☐ Change ☒ Addition
NAME	~~MORROW, JUDITH~~	3.2 NAME	Wakeman, Garth
STREET ADDRESS	~~12260 MANDARIN RD~~	3.3 STREET ADDRESS	12610 Flynn Rd.
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	D (CV)	4.1 TITLE	D ☐ Change ☒ Addition
NAME	STANLEY, DONALD A	4.2 NAME	Baker, Francine
STREET ADDRESS	11848 MANDARIN RD	4.3 STREET ADDRESS	c/o 11647 Hamrick Pl.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	TOWART, JAMES W	5.2 NAME	Potter, Mary Ellen
STREET ADDRESS	12219 CATTAILS DR., W	5.3 STREET ADDRESS	11626 Brady Road
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	~~D~~	6.1 TITLE	D ☐ Change ☒ Addition
NAME	~~FITZPATRICK, ROBERT J~~	6.2 NAME	Bryson, Hilda
STREET ADDRESS	~~11564 BASKERVILLE RD~~	6.3 STREET ADDRESS	11551 Mandarin Cove Lane
CITY-ST-ZIP	~~JACKSONVILLE FL~~	6.4 CITY-ST-ZIP	Jacksonville, FL

(SEE ATTACHED FOR ADDT'L DIRECTORS)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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: X _____ Secty Director 2/28/95 (904)268-7227
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0028278

DS
Jeter, William H.
11136 Scott Mill Road
Jacksonville, FL
(Addition)

DT
Morrow, Anne
c/o 11647 Hamrick Pl.
Jacksonville, FL
(Addition)

D
Henderson, Tib
c/o 11647 Hamrick Pl.
Jacksonville, FL