

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/30/1990

3a. Date of Last Report

03/09/1995

4. FEI Number

59-3044701

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

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.
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	DAVIS, CARL	
STREET ADDRESS	11647 HAMRICK PL	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	FORD, SUSAN	
STREET ADDRESS	2767 BRANDYBUCK TR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	WAKEMAN, GARTH	
STREET ADDRESS	12610 FLYNN RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	STANLEY, DONALD A	
STREET ADDRESS	11848 MANDARIN RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	TOWART, JAMES W	
STREET ADDRESS	12219 CATTAILS DR., W	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	BAKER, FRANCINE	
STREET ADDRESS	11647 HAMRICK PL	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☒ Addition
42 NAME	DT
43 STREET ADDRESS	MORROW, ANNE
44 CITY - ST - ZIP	12246 MANDARIN RD JACKSONVILLE, FL 32223
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), 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, 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: *Carl Davis* CARL DAVIS

Feb 5, 1996

(904) 346-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)