FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90102 023 ****61.25

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DOCUMENT # N41075

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 (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24) Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29) Country (30):

3. Date Incorporated or Qualifed: 11/30/1990

4. FEI Number: 59-3044701 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: TOWART, JAMES W.
82 Street Address (P.O. Box Number is Not Acceptable): 12219 CATTAIL DR. WEST
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32223

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: J.W. Towart PRESIDENT — FEB. 1, 1999
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	S	☐ DELETE	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	ROUMILLAT, KAREN		1.2 NAME	ROUMILLAT, KAREN	
STREET ADDRESS	1519 SR 13		1.3 STREET ADDRESS	1519 SR 13	
CITY-ST-ZIP	JACKSONVILLE FL 32259		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORD, SUSAN		2.2 NAME		
STREET ADDRESS	2767 BRANDYBUCK TR		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KUROWSKY, ROBERT		3.2 NAME	KUROWSKY, ROBERT	
STREET ADDRESS	11371 BEECHER CIR E		3.3 STREET ADDRESS	11371 BEECHER CIR. E.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL.	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORROW, ANNE		4.2 NAME		
STREET ADDRESS	12246 MANDARIN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOWART, JAMES W		5.2 NAME		
STREET ADDRESS	12219 CATTAILS DR., W		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	DAVIS, CARL	
STREET ADDRESS			6.3 STREET ADDRESS	11647 HAMRICK PL.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32223	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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, with all other like empowered.

SIGNATURE: J. W. Towart SIGNATURE REQUIRED J.W. TOWART — Feb. 1, 1999 — 904 262-4329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #