

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41075

FILED
Jan 07, 2009
Secretary of State

Entity Name: MANDARIN MUSEUM & HISTORIAL SOCIETY, INC.

Current Principal Place of Business:

12471 MANDARIN ROAD
JACKSONVILLE, FL 32223

New Principal Place of Business:

11964 MANDARIN ROAD
JACKSONVILLE, FL 32223

Current Mailing Address:

P.O. BOX 23601
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-3044701 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R
3733 UNIVERSITY BLVD WEST
SUITE 210B
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROUMILLAT, KAREN
Address: 1519 SR 13
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: FORD, SUSAN
Address: 2767 BRANDYBUCK TR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: WEBB, SANDRA
Address: 2336 MILLER OAKS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT () Delete
Name: MORROW, ANNE
Address: 12246 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: TOWART, JAMES W
Address: 12219 CATTAILS DR., W
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: COOKSEY, JOHN
Address: 11902 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: COOKSEY, JOHN
Address: 11902 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MORROW

DT

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date