

# 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 # N42332 (9)

1. Corporation Name

MANDARIN HIGH SCHOOL MUSTANGS BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

4831 GREENLAND RD  
JACKSONVILLE FL 32258  
US

PO BOX 56802  
JACKSONVILLE FL 32241-6802  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/04/1991

3a. Date of Last Report  
04/26/1995

4. FEI Number

59-3052770

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

10. Name and Address of New Registered Agent

81 Name

Greg Blinkhorn

82 Street Address (P.O. Box Number is Not Acceptable)

11740 Wordworth Ct.

83

84 City

Jax

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

*[Signature]*

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
IGOU, DEBBIE  
STREET ADDRESS  
11953 OLDFIELD PT.  
CITY-STATE-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
EDGEMON, JIM  
STREET ADDRESS  
2006 HIBERNIA CT  
CITY-STATE-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
BLINKHORN, GREG  
STREET ADDRESS  
11740 WORDSWORTH CT.  
CITY-STATE-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
SOUTHWORTH, LARRY  
STREET ADDRESS  
9504 PICKWICK DR.  
CITY-STATE-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STOWELL, LINDA  
STREET ADDRESS  
5180 SIESTA DEL RIO DR.  
CITY-STATE-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
ANDERSON, JEFF  
STREET ADDRESS  
12225 ALADDIN RD  
CITY-STATE-ZIP  
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
President  
Greg Blinkhorn  
11740 Wordworth Ct.  
Jax, FL 32223

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
D. Kork &  
2.3 STREET ADDRESS  
1609 Three Oaks Lane  
Jax, FL 32223  
2.4 CITY-STATE-ZIP  
Graham Sullivan

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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:

*[Signature]*

FLORIAN KOCH JR

9/23/96 268-8657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)