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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified <b>03/04/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number <b>59-3052770</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BLINKHOM, GREG 11740 WOODWORTH CT. JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent
81 Name <b>HALL, Sandra M.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12115 Cranefoot Drive</b>
83
84 City <b>Jacksonville</b> FL 85 Zip Code <b>32223</b>

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 *Sandra M Hall* DATE **2-12-97**

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BLINKHOM, GREG
STREET ADDRESS	11740 WOODWORTH CT.
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	EDGEMON, JIM
STREET ADDRESS	2006 HIBERNIA CT
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	BLINKHORN, GREG
STREET ADDRESS	11740 WOODWORTH CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SOUTHWORTH, LARRY
STREET ADDRESS	9504 PICKWICK DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	STOWELL, LINDA
STREET ADDRESS	5180 SIESTA DEL RIO DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, JEFF
STREET ADDRESS	12225 ALADDIN RD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hall, Sandra
1.3 STREET ADDRESS	12115 Cranefoot Drive
1.4 CITY-ST-ZIP	Jacksonville FL 32223
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sullivan, Frances
2.3 STREET ADDRESS	9560 Oldfield Lake Ct
2.4 CITY-ST-ZIP	Jacksonville FL 32223
3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Koch, Florian
3.3 STREET ADDRESS	1609 Threeoaks LN
3.4 CITY-ST-ZIP	Jacksonville FL 32223
4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lykins, Lynda
4.3 STREET ADDRESS	3828 Schoenwald Lane
4.4 CITY-ST-ZIP	Jacksonville FL 32223
5.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Murray, Sandra
5.3 STREET ADDRESS	9695 Ballesteros Drive
5.4 CITY-ST-ZIP	Jacksonville FL 32257
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sandra M Hall* REQUIRED DATE **2-12-97** (904) 359-1466

CR2E037 (9/96)