

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham , 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 4831 GREENLAND RD JACKSONVILLE FL 32258 US	Mailing Address PO BOX 56802 JACKSONVILLE FL 32241-6802 US
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3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

59-3052770

Applied For

Not Applicable

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

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, SANDRA M
12115 CRANEFoot DR
JACKSONVILLE FL 32223**

81 Name **Cecil Gibson**

82 Street Address (P.O. Box Number Is Not Acceptable)
11568 Lois Cross Dr.

83

84 City **JACKSONVILLE**

FL

85 Zip Code **32258**

11. Pursuant to the provisions of Sections 117.002 and 117.1508, 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, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HALL, SANDRA	
STREET ADDRESS	12115 CRANEFoot DR	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cecil Gibson	
1.3 STREET ADDRESS	11568 Lois Cross Dr.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32258	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SULLIVAN, FRANCES	
STREET ADDRESS	3580 OLDFIELD LAKE CT	
CITY-ST-ZIP	JACKSONVILLE FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, FLORIAN	
STREET ADDRESS	1809 THREE OAKS LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> DELETE
NAME	LYNKINS, LYNDIA	
STREET ADDRESS	3823 SCHOENWALD LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MURRAY, SANDRA	
STREET ADDRESS	3895 BALLESTRO DR	
CITY-ST-ZIP	JACKSONVILLE FL	

5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Arlene Berens	
5.3 STREET ADDRESS	2533 Michaelson Way	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32223	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 a receiver or trustee or 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]

1-25-98

350-7526

CR2E037 (10/97)