

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90072 030 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N42332**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/04/1991

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

9. Name and Address of Current Registered Agent

GIBSON, CECIL  
11568 LOIS CROSS DRIVE  
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name

Arlene Berens

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

2533 Michaelson Way

83

84 City

Jacksonville, FL

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

*Arlene Berens*

7/21/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME GIBSON, CECIL  
STREET ADDRESS 11568 LOIS CROSS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE DV ☒ DELETE  
NAME SULLIVAN, FRANCES  
STREET ADDRESS 3560 OLDFIELD LAKE CT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☒ DELETE  
NAME LYNKINS, LYNDIA  
STREET ADDRESS 3823 SCHOENWALD LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ DELETE  
NAME BERENS, ARLENE  
STREET ADDRESS 2533 MICHAELSON WAY  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE DT ☐ DELETE  
NAME Suelen S. Kinsley  
STREET ADDRESS 12938 Mandarin Rd.  
CITY-ST-ZIP Jacksonville, FL 32223

TITLE DS ☐ DELETE  
NAME Margaret Moody  
STREET ADDRESS 13021 Silver Oak Dr.  
CITY-ST-ZIP Jacksonville, FL 32223

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Arlene Berens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/99 904 262-4316

CR2E037 (5/99)