

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42332

FILED  
Jul 06, 2009  
Secretary of State

**Entity Name:** MANDARIN HIGH SCHOOL MUSTANGS BOOSTER CLUB, INC.

**Current Principal Place of Business:**

4831 GREENLAND RD  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 56802  
JACKSONVILLE, FL 322416802 US

**New Mailing Address:**

**FEI Number:** 59-3052770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HICKS, BONNIE R  
10759 SADDLEBRED DRIVE  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

GAMBRELL, TOMMY  
3726 REEDPOND DR., N  
JACKSONVILLE, FL 32223 US

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: TOMMY GAMBRELL

07/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: HICKS, BONNIE R  
Address: 10759 SADDLEBRED DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DP ( ) Delete  
Name: GAMBRELL, TOMMY  
Address: P. O. BOX 56802  
City-St-Zip: JACKSONVILLE, FL 32441 68

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SMITH, GREG  
Address: 1927 MELROSE PLANTATION DR.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DT (X) Change ( ) Addition  
Name: GAMBRELL, TOMMY  
Address: 3726 REEDPOND DR., N  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DVP ( ) Change (X) Addition  
Name: WIDDOWS, ANNIE  
Address: 4151 HILLWOOD RD.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS ( ) Change (X) Addition  
Name: KANE, VICKIE  
Address: 10329 TRIPLE CROWN AVE.  
City-St-Zip: JACKSONVILLE, FL 32257

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: TOMMY GAMBRELL

DT

07/06/2009

Electronic Signature of Signing Officer or Director

Date