

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42550 (6)

1. Corporation Name

MANDARIN HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

MANDARIN HIGH SCHOOL
4831 GREENLAND RD
JACKSONVILLE FL 32258-1517

Mailing Address

MANDARIN HIGH SCHOOL
4831 GREENLAND RD
JACKSONVILLE FL 32258-1517

FILED

96 SEP -6 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
03/18/1991

3a. Date of Last Report
08/28/1995

4. FEI Number
NOT APPLICABLE

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 ☒

9. Name and Address of Current Registered Agent

HINSON, LINDA
1760 STERNWHEEL DR.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name Kathy M. Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
10354 Forest Haven Dr. E.
83
84 City Jacksonville FL 85 Zip Code 32257

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

Kathy M. Johnson

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HUGHES, TOM
STREET ADDRESS 11573 TYNDELL GREEK LN.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☒ DELETE

NAME HENRY, THELMA
STREET ADDRESS 1805 PLANTATION OAKS DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME VAN MATRE, ROBERT
STREET ADDRESS 10479 ANCHORAGE CT. LN
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☒ DELETE

NAME ROSSNER, GLENDA
STREET ADDRESS 4754 MULBERRY BUSH CT.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME HUGHES, CELESTE
STREET ADDRESS 11573 TYNDELL CREEK
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

Sandra Arper
3489 Loretto Road
Jacksonville, FL 32257

500019754
-10/15/96-01226-022
*****61.25 *****61.25

mwb
9-20-96

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

Date

904 783-5281

Daytime Phone #

0002299

CR2E037 (3/96)