

FILE NOW: FILING FEE IS \$61.25

FILED  
May 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42550 (6)**

1. Corporation Name  
**MANDARIN HIGH SCHOOL BAND BOOSTERS, INC.**

Principal Place of Business <b>MANDARIN HIGH SCHOOL 4831 GREENLAND RD JACKSONVILLE FL 32258-1517</b>	Mailing Address <b>MANDARIN HIGH SCHOOL 4831 GREENLAND RD JACKSONVILLE FL 32258-1517</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO Box 157145
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Jacksonville FL
24 Zip	29 32241-7145
25 Country	30 Country

9. Name and Address of Current Registered Agent

**JOHNSON, KATHY M  
10359 FOREST HAVEN DR. E  
JACKSONVILLE FL 32257**

3. Date Incorporated or Qualified <b>03/18/1991</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name <b>Smith, Deborah S.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1848 Plantation Oaks Drive</b>
83
84 City <b>Jacksonville</b>
85 Zip Code <b>32223-5000</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: Deborah S. Smith, Treasurer DATE: 4/27/98

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D HUGHES, TOM</b>
STREET ADDRESS	<b>11573 TYNDELL GREEK LN.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ARPEN, SANDRA</b>
STREET ADDRESS	<b>3489 LORETTO RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D HUGHES, CELESTE</b>
STREET ADDRESS	<b>11573 TYNDELL CREEK</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Byrd, Ben</b>
1.3 STREET ADDRESS	<b>11599 Lazy Willow Lane</b>
1.4 CITY-ST-ZIP	<b>Jacksonville FL 32223</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Clark, Michael</b>
3.3 STREET ADDRESS	<b>9112 Shetland Pony Lane</b>
3.4 CITY-ST-ZIP	<b>Jacksonville FL 32223</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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: J. BENJAMIN BYRD DATE: 4/28/98 904/268-8928

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