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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N42550

1. Corporation Name

MANDARIN HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business
PO BOX 157145
JACKSONVILLE FL 32241-7145
US

Mailing Address
MANDARIN HIGH SCHOOL
4831 GREENLAND RD
JACKSONVILLE FL 32258-1517



2. Principal Place of Business

21 **Mandarin High School**

Suite, Apt. #, etc.

22 **4831 Greenland Road**

City & State

23 **Jacksonville FL**

Zip

Country

24 **32258-1517** 25 **USA**

2a. Mailing Address

26 **Mandarin High School Band**

Suite, Apt. #, etc.

27 **PO Box 57145**

City & State

28 **Jacksonville FL**

Zip

Country

29 **32241-7145** 30 **USA**

3. Date Incorporated or Qualified

03/18/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, DEBORAH D
1848 PLANTATION OAKS DRIVE
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D. Smith**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BYRD, BEN**
STREET ADDRESS **11599 LAZY WILLOW CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☒ DELETE
NAME **ARPEN, SANDRA**
STREET ADDRESS **3489 LORETTO RD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☒ DELETE
NAME **CLARK, MICHAEL**
STREET ADDRESS **4112 SHETLAND PONY LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Clark, Michael**
1.3 STREET ADDRESS **4112 Shetland Pony Lane**
1.4 CITY-ST-ZIP **Jacksonville FL 32223**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Johnson, Deborah**
2.3 STREET ADDRESS **12427 Gentle Knoll**
2.4 CITY-ST-ZIP **Jacksonville FL 32258**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Prager, Frank**
3.3 STREET ADDRESS **10266 Secret Harbour Court**
3.4 CITY-ST-ZIP **Jacksonville, FL 32257**

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:

Michael Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (904) 218-5624

Date

Daytime Phone #

CR2E037 (1/98)

0007066