

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90053 026 ****61.25

DOCUMENT # N42550

1. Entity Name
MANDARIN HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business
**MANDARIN HIGH SCHOOL
4831 GREENLAND ROAD
JACKSONVILLE, FL 32258-1517 US**

Mailing Address
**MANDARIN HIGH SCHOOL BEND
P.O. BOX 57145
JACKSONVILLE, FL 32241-7145 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE **59-3034294**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARMER, PATRICK J
5012 RIPPLE RUSH DR
JACKSONVILLE, FL 32257**

Name **Mary Bush**

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

4321 Windswept Ct

City **Jacksonville**

FL **32257**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Bush

Mary Bush, president 3-2-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **HAWKINS, PEGGY**
STREET ADDRESS **1769 RIVERGATE PLACE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Change ☒ Addition
NAME **Mary Bush**
STREET ADDRESS **4321 Windswept Ct.**
CITY-ST-ZIP **Jacksonville FL 32257**

TITLE **D** ☒ Delete
NAME **BAUMGARDEN, PAULA**
STREET ADDRESS **11891 MAGNOLIA FALLS DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE ☐ Change ☒ Addition
NAME **Tom Hughes**
STREET ADDRESS **12380 Flynn Road**
CITY-ST-ZIP **Jacksonville FL 32223**

TITLE **D** ☒ Delete
NAME **FARMER, PAT**
STREET ADDRESS **5012 RIPPLE RUSH DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Change ☒ Addition
NAME **Nancy Wertz**
STREET ADDRESS **11575 Summer Haven Blvd N**
CITY-ST-ZIP **Jacksonville FL 32258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Wertz

NANCY WERTZ 3-2-04 904-288-0391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Bush