


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State


03-06-2006 90017 010 ****61.25

DOCUMENT # N42556	
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 11250 OLD ST. AUG RD 15-102 JACKSONVILLE FL 32257 US
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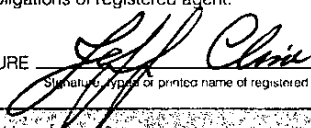
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/05)
4. FEI Number 59-3034294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLINE, JEFF 4321 WINDSWEEP CT JACKSONVILLE FL 32257	
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7. Name and Address of New Registered Agent Name JEFF CLINE Street Address (P.O. Box Number is Not Acceptable) 4367 APPLE TREE PLACE City JACKSONVILLE FL Zip Code 32258	
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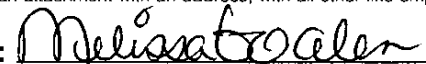
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  JEFF CLINE	DATE FEB 22, 2006

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P CLINE, JEFF 4367 APPLE TREE PL JACKSONVILLE FL 32258	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D HUGHES, TOM 12380 FLYNN ROAD JACKSONVILLE FL 32223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
T CORBIT, PATRICIA 11521 SUMMER BROOK CT JACKSONVILLE FL 32258	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TREASURER MELISSA GOALEN 11632 EAST RIDE DRIVE JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE:  MELISSA GOALEN	DATE FEB 22, 2006
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