

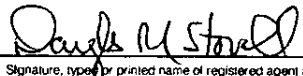
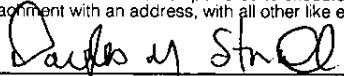


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90027 034 ****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 11250 OLD ST. AUG RD 15-102 JACKSONVILLE, FL 32257 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4831 Greenland Road Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3034294	
Zip -32223		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PURCELL, JAMES 14502 STARBUCK SPRINGS WAY JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name Douglas M. Stovall Street Address (P.O. Box Number is Not Acceptable) 10338 Belmont Stakes Ct. City Jacksonville FL Zip Code 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  <small>Signature, type or printed name of registered agent and title if applicable.</small>		Douglas M. Stovall, President		02/27/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME PURCELL, JAMES STREET ADDRESS 14502 STARBUCKS SPRINGS WAY CITY-ST-ZIP JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		TITLE P NAME Stovall, Douglas M. STREET ADDRESS 10338 Belmont Stakes Court CITY-ST-ZIP Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME STOVALL, DOUGLAS STREET ADDRESS 10338 BELMONT STAKES COURT CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Robbins, Virginia STREET ADDRESS 11156 Bentley Tr. Ln. E. CITY-ST-ZIP Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME GOALEN, MELISSA STREET ADDRESS 11632 E RIDE DR CITY-ST-ZIP JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		TITLE T NAME Boudreaux, Sylvia STREET ADDRESS 4248 Reservoir Ln. So. CITY-ST-ZIP Jacksonville, FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 Chapter 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/27/08 <small>Date</small>		904-608-2243 <small>Daytime Phone #</small>