FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44447** **(3)**

1. Corporation Name

MANDARIN SPORTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BRADY RD AT ORANGE PICKERS P. O. BOX 24104 JACKSONVILLE FL 3223 US	8665 BAYPINE ROAD SUITE 200 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1991	3a. Date of Last Report: 09/07/1994
4. FEI Number: 59-3084564	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 23795
Suite, Apt. #, etc.: 22 PO Box 23795	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28 JACKSONVILLE, FL
Zip: 24 32241 Country: 25	Zip: 29 32241 Country: 30

9. Name and Address of Current Registered Agent

BAKER, RUSSELL T
8665 BAYPINE ROAD, SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: HUGH HARBY
82 Street Address (P.O. Box Number is Not Acceptable): 1933 MELROSE PLANTATION DR
83
84 City: JACKSONVILLE FL 85 Zip Code: 32223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Russell T Baker 1/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	D,V,T ☒ Change ☒ Addition
NAME	GLOVER, BERT	12 NAME	GLAVIN THOMAS M
STREET ADDRESS	12555 ALLPORT RD	13 STREET ADDRESS	1158 Wood Duck Hollow
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	DP	21 TITLE	D,V ☒ Change ☒ Addition
NAME	BAKER, RUSSELL T	22 NAME	Johnson, GARY
STREET ADDRESS	3826 MARNIE PLACE	23 STREET ADDRESS	12041 ROYAL FERN LN.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D	31 TITLE	D,P ☒ Change ☐ Addition
NAME	HARBY, HUGH	32 NAME	
STREET ADDRESS	1933 MELROSE PLANTATION DR.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	SPALDING, W. TAYLOR I	42 NAME	N/A - Delete
STREET ADDRESS	1815 HUNTINGTON AVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	WETHERINGTON, JACK	52 NAME	N/A - Delete
STREET ADDRESS	12124 BLACKFOOT TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☒ Change ☐ Addition
NAME	PYE, JAMES	62 NAME	
STREET ADDRESS	12555 DEL RIO DR	63 STREET ADDRESS	1160 Celebration CT
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE FL 32259

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas M Glavin 1/26/95 (904) 448-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001782