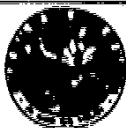


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # N44447 (3)

1. Corporation Name

MANDARIN SPORTS ASSOCIATION, INC.

95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. 199.002,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

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26

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

HUGH HARBY

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

1933 MELROSE PLANTATION DR

83

84

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

[Signature]

(NOTE: Registered Agent signature required when reappointing)

1/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	GLOVER, BERT
STREET ADDRESS	12555 ALLPORT RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DP
NAME	BAKER, RUSSELL T
STREET ADDRESS	3826 MARNE PLACE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	HARBY, HUGH
STREET ADDRESS	1933 MELROSE PLANTATION DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	SPALDING, W. TAYLOR I
STREET ADDRESS	1815 HUNTINGTON AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	WETHERINGTON, JACK
STREET ADDRESS	12124 BLACKFOOT TRAIL
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DV
NAME	PYE, JAMES
STREET ADDRESS	12555 DEL RIO DR
CITY - ST - ZIP	JACKSONVILLE FL

1.1 TITLE	DV, T	☒ Change ☒ Addition
1.2 NAME	GLAVIN THOMAS M	
1.3 STREET ADDRESS	1158 WOOD ROCK HOLLOW	
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32259	
2.1 TITLE	DV	☒ Change ☒ Addition
2.2 NAME	JOHNSON, GARY	
2.3 STREET ADDRESS	12041 ROYAL FERN LN.	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32223	
3.1 TITLE	D, P	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☒ Change ☒ Addition
4.2 NAME	N/A - Delete	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	N/A - Delete	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	1160 celebration CT	
6.4 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95 (904) 448-3633
Date Signature (Typed)