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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44447 (3)

1. Corporation Name

MANDARIN SPORTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

BRADY RD AT ORANGE PICKERS
P O BOX 23795
JACKSONVILLE FL 32241
USP O BOX 23795
JACKSONVILLE FL 32241-3795
US3. Date Incorporated or Qualified
07/25/19913a. Date of Last Report
04/12/19964. FEI Number
59-3084564Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
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

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARBY, HUGH
1933 MELROSE PLANTATION DR
JACKSONVILLE FL 32223

81 Name Kevin L. Bouchillon

82 Street Address (P.O. Box Number is Not Acceptable)
4209 Weatherwood Estates Drive

83

84 City Jacksonville

FL

85 Zip Code 32223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE 1/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVT ☒ DELETENAME GLAVIN, THOMAS M
STREET ADDRESS 1158 WOOD DUCK HOLLOW
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE DVT ☐ Change ☒ Addition1.2 NAME Bouchillon, Kevin L.
1.3 STREET ADDRESS 4209 Weatherwood Est. Drive
1.4 CITY-ST-ZIP Jacksonville, FL 32223TITLE DV ☐ DELETENAME JOHNSON, GARY
STREET ADDRESS 12041 ROYAL FERN LN
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETENAME HARBY, HUGH
STREET ADDRESS 1933 MELROSE PLANTATION DR.
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE DV ☐ Change ☒ Addition3.2 NAME Dr. Jerry Bridgman
3.3 STREET ADDRESS 4144 Bellingham Court
3.4 CITY-ST-ZIP Jacksonville, FL 32256TITLE DV ☐ DELETENAME PYE, JAMES
STREET ADDRESS 1180 CELEGATION CT
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE PD ☐ DELETENAME STEVE WHITAKER
STREET ADDRESS P.O. BOX 23795
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DS ☒ DELETENAME WADE STEFFAN
STREET ADDRESS P.O. BOX 23795
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE DS ☐ Change ☒ Addition6.2 NAME David Chapman
6.3 STREET ADDRESS 3422 Cormorant Cove Drive
6.4 CITY-ST-ZIP Jacksonville, FL 32223

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin L. Bouchillon

Date 1/16/97

804-268-1217

CR2E037 (9/96)