

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002562 (7)**

1. Corporation Name
MANDARIN AREA CRISIS PREGNANCY CENTER, INC.



Principal Place of Business: **3938 SUNBEAM RD. SUITE 3 JACKSONVILLE FL 32257 US**
Mailing Address: **3938 SUNBEAM ROAD STE. 3 JACKSONVILLE FL 32257 US**

3. Date Incorporated or Qualified: **06/08/1993**
3a. Date of Last Report: **10/27/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3200240**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, D. GARY
3938 SUNBEAM ROAD
STE. 3
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: MAYNARD, JOHN STREET ADDRESS: 8299 WOODGROVE RD. CITY-ST-ZIP: JACKSONVILLE FL
TITLE: VD	NAME: DOWLING, MONTIE STREET ADDRESS: 9440 LITA RD. CITY-ST-ZIP: JACKSONVILLE FL
TITLE: SD	NAME: BUSH, TERRY STREET ADDRESS: 129 N. SAN PABLO ROAD CITY-ST-ZIP: JACKSONVILLE FL
TITLE: TD	NAME: WILLIAM, D. GARY STREET ADDRESS: 4417 BEACH BLVD., STE. 307 CITY-ST-ZIP: JACKSONVILLE FL
TITLE: D	NAME: STEPHENSON, CLEVE STREET ADDRESS: 942 FRUIT COVE ROAD CITY-ST-ZIP: JACKSONVILLE FL
TITLE: D	NAME: SAMELSON, STEVE M.D. STREET ADDRESS: 3935 MIRUELO CIRCLE SOUTH CITY-ST-ZIP: JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	NAME: Maynard, John STREET ADDRESS: 8299 Woodgrove Road CITY-ST-ZIP: Jacksonville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: PD	NAME: Dowling Montie STREET ADDRESS: 9440 Lita Road CITY-ST-ZIP: Jacksonville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: VD	NAME: Soud, Ginger STREET ADDRESS: 3738 Riverhall Drive CITY-ST-ZIP: Jacksonville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: T	NAME: Williams, D. Gary STREET ADDRESS: 4417 Beach Boulevard, Suite 3 CITY-ST-ZIP: Jacksonville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: D	NAME: Stephenson, Clive STREET ADDRESS: 942 Fruit Cove Road CITY-ST-ZIP: Jacksonville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: D	NAME: Krodel, Laurel STREET ADDRESS: 2526 Pine Ridge Road CITY-ST-ZIP: Jacksonville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under 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: *D. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

Date: _____ Daytime Phone #: _____

CR2E037 (12/95)