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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
3938 SUNBEAM RD. SUITE 3 JACKSONVILLE FL 32257 US  
3938 SUNBEAM ROAD STE. 3 JACKSONVILLE FL 32257-8972 US

3. Date Incorporated or Qualified 06/08/1993  
3a. Date of Last Report 03/25/1996  
4. FEI Number 59-3200240 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  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYNARD, JOHN	1.2 NAME	Soud, Ginger
STREET ADDRESS	8299 WOODGROVE RD.	1.3 STREET ADDRESS	3738 Riverhall Drive
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, MONTIE	2.2 NAME	Dowling, Montie
STREET ADDRESS	9440 LITA RD.	2.3 STREET ADDRESS	9440 Lita Road West
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, TERRY	3.2 NAME	Bush, Terry
STREET ADDRESS	129 N. SAN PABLO RD.	3.3 STREET ADDRESS	129 San Pablo Road
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM, D. GARY	4.2 NAME	Bellingrath, Brad
STREET ADDRESS	4417 BEACH BLVD., STE. 307	4.3 STREET ADDRESS	4532 Carolyn Cove
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, CLEVE	5.2 NAME	Stephenson, Clive
STREET ADDRESS	942 FRUIT COVE ROAD	5.3 STREET ADDRESS	1112 Lake Park Drive
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMELSON, STEVE M.D.	6.2 NAME	Stake, Kandi
STREET ADDRESS	3935 MIRUELO CIRCLE SOUTH	6.3 STREET ADDRESS	10240 Scott Mill Road
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL

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: *D. Gay Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

ADDITIONS TO OFFICERS AND DIRECTORS (SECTION 13)

D

Foster, Teresa  
198 Passage Drive  
Jacksonville, FL

D

Krodel, Laurel  
2526 Pineridge Road  
Jacksonville, FL

D

Watson, Candy  
9092 Arundel Way  
Jacksonville, FL

  
\_\_\_\_\_  
Signature of Signing Officer