

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005324

FILED
Apr 17, 2005
Secretary of State

Entity Name: MANDARIN MIDDLE SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business:

5100 HOOD ROAD
JACKSONVILLE, FL 322571122

New Principal Place of Business:

Current Mailing Address:

5100 HOOD ROAD
JACKSONVILLE, FL 322571122

New Mailing Address:

FEI Number: 59-3207759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRA, PATRICK C
11041 RIDGE POINT DRIVE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

MARRA, REBECCA H
11041 RIDGE POINT DRIVE
JACKSONVILLE, FL 32257 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REBECCA H. MARRA

04/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOVALL, DOUGLAS
Address: 10338 BELMONT STAKES CR
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: ROBBINS, VIRGINIA
Address: 11156 BENTLEY TRACE LANE E
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: MARRA, PATRICK
Address: 11041 RIDGE POINT DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: HIPPS, JOANNE
Address: 10903 HORSE TRACK DR
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MARRA, REBECCA H
Address: 11041 RIDGE POINT DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD (X) Change () Addition
Name: SALINAS, DEBBIE
Address: 10923 BUGGY WHIP DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS M. STOVALL

PD

04/17/2005

Electronic Signature of Signing Officer or Director

Date