


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90009 027 ****61.25

DOCUMENT # N93000005324 1. Entity Name MANDARIN MIDDLE SCHOOL BAND BOOSTERS, INC.					
Principal Place of Business 5100 HOOD ROAD JACKSONVILLE, FL 32257-1122			Mailing Address 5100 HOOD ROAD JACKSONVILLE, FL 32257-1122		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3207759	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARRA, REBECCA H 11041 RIDGE POINT DRIVE JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Debra L. Salinas Street Address (P.O. Box Number is Not Acceptable) 11946 Colby Creek Drive City Jacksonville FL Zip Code 32258	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Debra L. Salinas</u> <u>Debra L. Salinas</u> <u>2/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STOVALL, DOUGLAS 10338 BELMONT STAKES CR JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PID Brenda Hays 11046 Percheron Drive Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBBINS, VIRGINIA 11156 BENTLEY TRACE LANE E JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VID Patricia Oliphant 4774 Nassail Drive Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARRA, REBECCA H 11041 RIDGE POINT DR JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SID Chris Weller 10325 Cypress Lakes Drive Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SALINAS, DEBBIE 10923 BUGGY WHIP DRIVE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TID Debra L. Salinas 11946 Colby Creek Drive Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Debra L. Salinas</u> <u>Debra L. Salinas</u> <u>2/17/06</u> <u>(904)355-1781</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ext 335</small>					