2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005324

FILED Sep 01, 2008 Secretary of State

Entity Name: MANDARIN MIDDLE SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business: 5100 HOOD ROAD JACKSONVILLE, FL 322571122 **Current Mailing Address: New Mailing Address:** 5100 HOOD ROAD JACKSONVILLE, FL 322571122 FEI Number: 59-3207759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYE, TAMARA D 5508 BLUE PACIFIC DRIVE US JACKSONVILLE, FL 32257 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HAYE, BRENDA STOVALL, DOUG Name: Name: 11049 PERCHERON DRIVE Address: 10338 BELMONT STAKES CT Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: VD Title: (X) Change () Addition () Delete GREGORY, MARIA Name: SPOCK, THERESA Name: Address: 10240 HOOD COURT Address: 3900 OLDFIELD CROSSING DR. #509 City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32223 Title: TD () Delete Title: **TREA** (X) Change () Addition DYE, TAMARA MCCAIN, JEAN Name: Name: 5508 BLUE PACIFIC DRIVE 12208 LASHBROOK COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32223 Title: SEC () Delete Title: SEC (X) Change () Addition Name: WELLER, CHRIS L Name: STOVALL, JANE 10325 CYPRESS LAKES DRIVE 10338 BELMONT STAKES CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257 Title: (X) Delete Title: () Change () Addition ALLISON, CATHI Name: Name: 1875 HIBERNIA COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: (X) Delete Title: () Change () Addition HOSPITAL, MALICIA Name: Name: Address: 5023 PLATTERBILLS COURT Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: JEAN M. MCCAIN TREA 09/01/2008

JACKSONVILLE, FL 32257

City-St-Zip: