

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90112 022 ****61.25

0007007

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005754

1. Corporation Name

MANDARIN PRESERVATION ASSOCIATION, INC.

Principal Place of Business

**10404 SYLVAN LANE WEST
JACKSONVILLE FL 32257**

Mailing Address

**10404 SYLVAN LANE WEST
JACKSONVILLE FL 32257**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/21/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3310716

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LISSKA, EMILY R
10404 SYLVAN LANE WEST
JACKSONVILLE FL 32257**

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

Emily R. Lisska **Emily R. Lisska**

4/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LISSKA, EMILY R**
CITY-ST-ZIP **10404 SYLVAN LANE WEST
JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **JETER, WILLIAM H**
CITY-ST-ZIP **11136 SCOTT MILL ROAD
JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **THENOILS, DOROTHY**
CITY-ST-ZIP **11847 LORETTO WOODS CT.
JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **RAMEY, NANETTE V**
CITY-ST-ZIP **3478 FAIRBANKS ROAD
JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DANIEL, RUTH**
CITY-ST-ZIP **12851 MICANOPY LANE
JACKSONVILLE FL 32223**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVIS, CARL D**
CITY-ST-ZIP **11647 HAMRICK PLACE
JACKSONVILLE FL 32223**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Emily R. Lisska* **Emily R. Lisska** **4/29/99** **665-0064**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)