

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10434

Entity Name: FAITH BAPTIST CHURCH OF MANDARIN, INC.**Current Principal Place of Business:**2955 ORANGE PICKER RD
JACKSONVILLE, FL 32223**Current Mailing Address:**2955 ORANGE PICKER RD
JACKSONVILLE, FL 32223 US**FEI Number:** 59-2566988**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PIETRYLO, ANDREW J DR.
11237 STONEY POINT LN E
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:** DR. ANDREW J. PIETRYLO

03/02/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, PASTOR
Name PIETRYLO, ANDREW J DR.
Address 11237 STONEY POINT LN E
City-State-Zip: JACKSONVILLE FL 32257

Title VP, DIRECTOR, DEACON
Name TUNNING, JACKIE L
Address 208 CROOKED CT
City-State-Zip: SAINT JOHNS FL 32259

Title SECRETARY, DIRECTOR, DEACON
Name DRUM, RICHARD T
Address 2704 CHELSA COVE DR
City-State-Zip: JACKSONVILLE FL 32223

Title TREASURER, DIRECTOR, DEACON
Name SEMMENS, LARRY
Address 10749 LIPPIZAN DR
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name ENGLISH, MARK
Address 737 SAINT MORITZ CT
City-State-Zip: SAINT JOHNS FL 32259

Title DIRECTOR
Name SAINT PIERRE, DONALD
Address 11701 HEATHER GROVE LN
City-State-Zip: JACKSONVILLE FL 32223

I hereby 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 all other like empowered.

SIGNATURE: ANDREW J. PIETRYLO

PASTOR / PRESIDENT

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date