

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41075

Entity Name: MANDARIN MUSEUM & HISTORIAL SOCIETY, INC.**Current Principal Place of Business:**11964 MANDARIN ROAD
JACKSONVILLE, FL 32223**Current Mailing Address:**P.O. BOX 23601
JACKSONVILLE, FL 32241**FEI Number:** 59-3044701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARPEN, SANDY
11964 MANDARIN ROAD
JACKSONVILLE, FL 32223 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:** SANDRA ARPEN

04/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ROUMILLAT, KAREN
Address 1519 SR 13
City-State-Zip: JACKSONVILLE FL 32259

Title D
Name FORD, SUSAN
Address 3920 DYLAN COURT
City-State-Zip: JACKSONVILLE FL 32223

Title D
Name BARKER, VIRGINIA B
Address 12581 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title DT
Name MORROW, ANNE
Address 12246 MANDARIN RD
City-State-Zip: JACKSONVILLE FL 32223

Title D
Name ARPEN, SANDY
Address 8338 DAFFIN LANE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name DROEGE, KAREN
Address P.O. BOX 23601
City-State-Zip: JACKSONVILLE FL 32241

Title DIRECTOR
Name DEMPSEY, GABRIELE
Address P.O. BOX 23601
City-State-Zip: JACKSONVILLE FL 32241

Title DIRECTOR
Name FERRIGNO, HOPE
Address P.O. BOX 23601
City-State-Zip: JACKSONVILLE FL 32241

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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: ANNE MORROW**TREASURER**

04/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NAY, ROBERT
Address 11964 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name WOODWARD, MICHAEL
Address 11964 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name WILLIAMS, ROGER
Address 11964 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name DAVIS, HENRY A
Address 12311 FLYNN WOODS RAOD
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name VACCA, BRUCE
Address 10455 SPINDRIFT LANE
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name WALER, JAMES DR.
Address 11964 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name PLUMLEE, PATRICK DR.
Address 11964 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name GARCIA, EDWARD A
Address 324 SWEETBRIAR BRANCH LANE
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name MYERS, MIKE A
Address 2785 CHELSEA COVE DRIVE
City-State-Zip: JACKSONVILLE FL 32223