2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 707252

Entity Name: MAGNOLIA TOWERS, INC.

Current Principal Place of Business:

80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-1115878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEITH, HENRY T
80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Title: STD ( ) Delete
Name: BOGNER, JAMES B
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: P/D ( ) Delete
Name: CRAMER, ROBERT L
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: MURRAY, LOUIS C
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: TROVILLION, ALLEN
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: AS ( ) Delete
Name: EMERSON, JAMES E
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: HILLENMEYER, JOHN
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STURM, RICHARD V
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES F EMERSON AS 02/04/2009

Electronic Signature of Signing Officer or Director Date