

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90035 035 ****61.25

DOCUMENT # 707252

1. Entity Name
MAGNOLIA TOWERS, INC.



Principal Place of Business
**100 E ANDERSON ST
ORLANDO FL 32801**

Mailing Address
**100 E ANDERSON ST
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1115878**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBRITTON, SYLVIA S
100 E ANDERSON STREET
ORLANDO FL 32801**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WEINAUG, WILLIAM	
STREET ADDRESS	1055 MAITLAND CTR COMMONS BLVD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	P	<input type="checkbox"/> Delete
NAME	SNELLINGS, JAMES H	
STREET ADDRESS	2052 COUNTRYSIDE CIRCLE, N	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MURRAY, DR. LOUIS C.	
STREET ADDRESS	900 S DELANEY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAY, TED	
STREET ADDRESS	3231 ARDSLEY DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MOBLEY, SARA	
STREET ADDRESS	400 E COLONIAL DR #1401	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOHN	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2601 WESTHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia S. Albritton* **Sylvia S. Albritton** 4-11-03 407-843-9591

CR2E037 (10/02)

Attachment
Doc# 707252

MAGNOLIA TOWERS OFFICERS AND DIRECTORS ADDITIONS

VP

WILLIAM H. OWEN
518 S. MAGNOLIA AVENUE
ORLANDO FL 32801

D

JESSIE SMITH
633 MAYS COURT
ORLANDO FL 32805

D

THOMAS R. OLSEN
2518 EDGEWATER DRIVE, SUITE 1
ORLANDO FL 32804