

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010909

FILED
Apr 10, 2007
Secretary of State

Entity Name: MAGNOLIA MANOR PARK INC.

Current Principal Place of Business:

MAGNOLIA MANOR PARK INC
PO BOX 2533
WAUCHULA, FL 33873 US

New Principal Place of Business:

MAGNOLIA MANOR PARK
CHAMBERLAIN BLVD
WAUCHULA, FL 33873 US

Current Mailing Address:

MAGNOLIA MANOR PARK INC
PO BOX 2533
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 13-4349413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, DARYLE L
690 CHAMBERLAIN BLVD
WAUCHULA, FL 33873 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: WIGGINS, JESSIE L
Address: PO BOX 402
City-St-Zip: WAUCHULA, FL 33873 US

Title: MS () Change (X) Addition
Name: COOK, DARYLE L
Address: 690 CHAMBERLAIN BLVD
City-St-Zip: WAUCHULA, FL 33873 US

Title: MS () Change (X) Addition
Name: OUTLEY, SHELRETHA
Address: 401 ORANGE PLACE
City-St-Zip: WAUCHULA, FL 33873 US

Title: MS () Change (X) Addition
Name: MCCLOUD, TAT
Address: CHAMBERLAIN BLVD
City-St-Zip: WAUCHULA, FL 33873 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JESSIE L WIGGINS

MR

04/10/2007

Electronic Signature of Signing Officer or Director

Date