

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 750671**

1. Entity Name

MAGNOLIA BLUFF CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**N BAYSHORE DRIVE
C/O LEONARD W. BIRDSONG, P.O. BOX 569
EASTPOINT FL 32328****N BAYSHORE DRIVE
C/O LEONARD W. BIRDSONG, P.O. BOX 569
EASTPOINT FL 32328**

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

59-1680736

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIRDSONG, LEONARD W.
189 N. BAYSHORE DR.
EASTPOINT FL 32328**

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.

SIGNATURE **Leonard W. Birdsong****01-28-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESTES, JOYCE	
STREET ADDRESS	N BAYSHORE DRIVE	
CITY-ST-ZIP	EASTPOINT FL 32328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLOWAY, CHARLIE	
STREET ADDRESS	N BAYSHORE DR	
CITY-ST-ZIP	EASTPOINT FL 32328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	KENNEDY, HARRETTE	
STREET ADDRESS	N.BAYSHORE DR.	
CITY-ST-ZIP	EASTPOINT, FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, SHIRLEY D N,	
STREET ADDRESS	110 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	EASTPOINT, FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN, GUY	
STREET ADDRESS	E BAY DR	
CITY-ST-ZIP	EASTPOINT FL 32328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TIMMONS, JOYCE	
STREET ADDRESS	E BAY DRIVE	
CITY-ST-ZIP	EASTPOINT FL 32328	

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:

SHIRLEY D. TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90111 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)