

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90003 024 ****61.25

DOCUMENT # 750671 1. Entity Name MAGNOLIA BLUFF CIVIC ASSOCIATION, INC.					
Principal Place of Business 161 N BAYSHORE DRIVE C/O HARRETTE KENNEDY EASTPOINT, FL 32328			Mailing Address 161 N BAYSHORE DRIVE C/O HARRETTE KENNEDY 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	01102005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1680736				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENNEDY, HARRETTE J 161 N. BAYSHORE DR. EASTPOINT, FL 32328			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Harrette J. Kennedy</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <i>Harrette J. Kennedy</i> <small>(NOTE: Registered Agent signature required when renewing)</small> </div> <div> <i>1/12/05</i> <small>DATE</small> </div> </div>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DENISE		NAME	<i>Greer, William B</i>	
STREET ADDRESS	PO BOX 411, 145 N. BAYSHORE DR.		STREET ADDRESS	<i>P.O. Box 342, 176 N. Bayshore Drive</i>	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	<i>Eastpoint, FL 32328</i>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, CHARLES		NAME	<i>Estes, Joyce</i>	
STREET ADDRESS	215 N. BAYSHORE DRIVE		STREET ADDRESS	<i>P.O. Box 585, 179 N. Bayshore Drive</i>	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	<i>Eastpoint, FL 32328</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, FRANCYNE M		NAME	<i>Nelson, Irene</i>	
STREET ADDRESS	PO BOX 684, 209 N. BAYSHORE DR.		STREET ADDRESS	<i>P.O. Box 917, 191 N Bayshore Drive</i>	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	<i>Eastpoint, FL 32328</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGAN, MARILYN		NAME		
STREET ADDRESS	PO BOX 1003, 319 E. BAY DR.		STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, GUY		NAME	<i>Estes, James B</i>	
STREET ADDRESS	PO BOX 1003, 319 E. BAY DR.		STREET ADDRESS	<i>P.O. Box 585, 179 N. Bayshore Drive</i>	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	<i>Eastpoint, FL 32328</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROPHATER, JACK		NAME	<i>Estes, Joseph</i>	
STREET ADDRESS	362 E. BAY DR.		STREET ADDRESS	<i>203 N. Bayshore Drive</i>	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	<i>Eastpoint, FL 32328</i>	
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: <i>Marilyn J. Hogan</i> <i>Marilyn J. Hogan</i> <i>1/12/05</i> <i>850-670-4323</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					