

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90738 028 \*\*\*\*61.25

**DOCUMENT # 750671**

1. Entity Name

**MAGNOLIA BLUFF CIVIC ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

161 N. Bayshore Dr.

3. Mailing Address

161 N. Bayshore Dr.

Suite, Apt. #, etc.

Go Harrette Kennedy

Suite, Apt. #, etc.

Go Harrette Kennedy

City & State

EASTPOINT FL

City & State

Eastpoint, FL

Zip

32328

Country

FRANKLIN

Zip

32328

Country

Franklin

6. Name and Address of Current Registered Agent

(Deceased)

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

7. Name and Address of New Registered Agent

Name

Harrette Kennedy

Street Address (P.O. Box Number is Not Acceptable)

161 N. BAYSHORE DR.

City

EASTPOINT

FL

Zip Code

32328

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

Harrette J. Kennedy

Harrette Kennedy

3/10/03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESTES, JOYCE	
STREET ADDRESS	N BAYSHORE DRIVE	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, CHARLIE	
STREET ADDRESS	N BAYSHORE DR	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, HARRETTE	
STREET ADDRESS	N.BAYSHORE DR.	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, SHIRLEY N	
STREET ADDRESS	110 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN, GUY	
STREET ADDRESS	E BAY DR	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIMMONS, JOYCE	
STREET ADDRESS	E BAY DRIVE	
CITY-ST-ZIP	EASTPOINT FL 32328	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Galloway	
STREET ADDRESS	215 N. Bayshore Drive	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Butler	
STREET ADDRESS	PO Box 411, 145 N. Bayshore Dr.	
CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francyne M. Wells	
STREET ADDRESS	PO Box 664, 209 N. Bayshore Dr.	
CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Hogan	
STREET ADDRESS	PO Box 1003, 319 E. Bay Drive	
CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guy Hogan	
STREET ADDRESS	PO Box 1003, 319 E. Bay Dr.	
CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Prophater	
STREET ADDRESS	362 E. Bay Drive	
CITY-ST-ZIP	Eastpoint, FL 32328	

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: Francyne M. Wells FRANCYN M. WELLS 3/10/03 850/670-5035

CR2E037 (10/02)