

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

0008963

DOCUMENT # NO1000003328

1. Entity Name

MAGNOLIA TOP TOTS DEVELOPMENTAL LEARNING CENTER, INC.



FILED

04 MAY 27 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

598 BENJAMIN ST  
CRESTVIEW FL 32536

Mailing Address

598 BENJAMIN ST  
CRESTVIEW FL 32536

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 59-3718367

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

WILLIAMSON, A. WAYNE  
1020 FERDON BLVD S  
CRESTVIEW FL 32536

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 ☐ Delete  
NAME STOKES, EDNA  
STREET ADDRESS 598 BENJAMIN ST  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition  
NAME 800037761608  
STREET ADDRESS 06/08/04--01031--002 \*\*61.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STOKES, NATLIE  
STREET ADDRESS 598 BENJAMIN ST  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BARNES, NAMOI DR  
STREET ADDRESS 598 BENJAMIN ST  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FORD, FLORENCE  
STREET ADDRESS 598 BENJAMIN ST  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MOORE, ALESIA  
STREET ADDRESS 598 BENJAMIN ST  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME WILLIAMSON, A. WAYNE  
STREET ADDRESS 1020 FERDON BLVD S  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ 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:

*Natalie Stokes* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

850-683-0409

Daytime Phone #

CR2E037 (10/02)