

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000004728

1. Entity Name

MAGNOLIA OAKS, INC.



FILED
Aug 29, 2008 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
5275 MAGNOLIA OAKS LN 5275 MAGNOLIA OAKS LN
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-3052502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

2nd MOORE

CR2E037 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOCKWELL, CAROLYN
5275 MAGNOLIA OAKS LN
JACKSONVILLE FL 32210

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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 DPST ☐ Delete
NAME STOCKWELL, CAROLYN
STREET ADDRESS 5221 MANN MANOR LN LN
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000958640
CITY-ST-ZIP 08/29/08-80006-002 61.25

TITLE D ☐ Delete
NAME SOLOMON, SALLY A
STREET ADDRESS 951 HERTHSIDE CT.
CITY-ST-ZIP JACKSONVILLE FL 32221

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

TITLE D ☐ Delete
NAME SMITH, BARBARA
STREET ADDRESS 4041 DELLWOOD ST
CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE VD ☐ Delete
NAME STOCKWELL, KENNETH
STREET ADDRESS 5275 MAGNOLIA OAKS LN
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained 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 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:

Carol Stockwell

8-30-08

904-771-3040