

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004728

Entity Name: MAGNOLIA OAKS, INC.

FILED
Jul 16, 2009
Secretary of State

Current Principal Place of Business:

5275 MAGNOLIA OAKS LN
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5275 MAGNOLIA OAKS LN
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 75-3052502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STOCKWELL, CAROLYN
5275 MAGNOLIA OAKS LN
JACKSONVILLE, FL 32210 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: STOCKWELL, CAROLYN
Address: 5221 MANN MANOR LN LN
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SOLOMON, SALLY A
Address: 951 HERTHSIDE CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: SMITH, BARBARA
Address: 4041 DELLWOOD ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD () Delete
Name: STOCKWELL, KENNETH
Address: 5275 MAGNOLIA OAKS LN
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: STOCKWELL, CAROLYN
Address: 5221 MANN MANOR LN
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, BARBARA
Address: 1595 A VINELAND CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN STAOCKWELL

DPST

07/16/2009

Electronic Signature of Signing Officer or Director

Date