## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008838

FILED May 04, 2005 Secretary of State

Entity Name: MAGNOLIA ENRICHMENT CENTER FOR CHILDREN AND ADULTS INC.

Current Principal Place of Business: New Principal Place of Business:

213 W. KENNEDY BLVD. 229 WEST KENNEDY BLVD. ORLANDO, FL 32810 ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

213 W. KENNEDY BLVD. C/O A. COLLINGWOOD 337 PINEWILD COURT

ORLANDO, FL 32810 ORLANDO, FL 32828

FEI Number: 20-2786436 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:

COLLINGWOOD, ANN E
213 W. KENNEDY BLVD
ORLANDO, FL 32810 US

COLLINGWOOD, ANN E
337 PINEWILD COURT
ORLANDO, FL 32828 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: 05/04/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P /S (X) Change ( ) Addition Name: COLLINGWOOD, ANN E Name: COLLINGWOOD, ANN E

 Address:
 337 PINEWILD COURT
 Address:
 337 PINEWILD COURT

 City-St-Zip:
 ORLANDO, FL 32828
 City-St-Zip:
 ORLANDO, FL 32828

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 COLLINGWOOD, BEULAH
 Name:

 Address:
 337 PINEWILD COURT
 Address:

 City-St-Zip:
 ORLANDO, FL 32828
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN E. COLLINGWOOD P/S 05/04/2005