

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010664

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** THE MAGNOLIA FOUNDATION, INC.

**Current Principal Place of Business:**

3225 SOUTHSIDE BLVD STE 2  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17156  
JACKSONVILLE, FL 322457156 US

**New Mailing Address:**

**FEI Number:** 26-3796931      **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:**

JENNISON, CAROLINE K T  
7950 JAMES ISLAND TRAIL  
JACKSONVILLE, FL 32256 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: T  
Name: JENNISON, ELIZABETH K  
Address: 3225 SOUTHSIDE BLVD, SUITE #2  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T  
Name: JENNISON, WESLEY J  
Address: 7950 JAMES ISLAND TRAIL  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T  
Name: JENNISON, CAROLINE K  
Address: 7950 JAMES ISLAND TRAIL  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T  
Name: JENNISON, ELIZABETH S  
Address: 7950 JAMES ISLAND TRAIL  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: CAROLINE K. JENNISON

T

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date