

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22519

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: THE MAGNOLIA SCHOOL, INC.

## Current Principal Place of Business:

2705 W. THARPE ST.  
TALLAHASSEE, FL 32303 US

## New Principal Place of Business:

## Current Mailing Address:

2705 W. THARPE ST.  
TALLAHASSEE, FL 32303 US

## New Mailing Address:

FEI Number: 59-2841227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, OLIVIA  
2705 W. THARPE  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

MCGLYNN, KATHLEEN  
2705 W. THARPE  
TALLAHASSEE, FL 32303 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: KATHLEEN MCGLYNN

01/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: YOUNG, JANET  
Address: 2830 BOATNER ST.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: HESSMAN, SUE  
Address: 1502 ARGONNE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: WILSON, JULIE  
Address: 902 KITTRELL RD.  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: VALENTINE, PHILLIP  
Address: 726 SPIRAL GARDEN WAY  
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete  
Name: WACONGNE-SPEER, SOPHIE  
Address: 1634 FERNANDO DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: MAIER-KATKIN, DANIEL  
Address: 7106 MIDLAND PASS  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: BREY, WILLIAM  
Address: 2646 NOBLE DR.  
City-St-Zip: TALLAHASSEE, FL 32308

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: KATHLEEN MCGLYNN

DIR

01/27/2009

Electronic Signature of Signing Officer or Director

Date