

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34225

1. Corporation Name

MAGNOLIA EDUCATIONAL & RECREATIONAL CENTER, INC.

Principal Place of Business

5292 RICHBURG STREET
MILTON FL 32583

Mailing Address

P.O. BOX 4082
MILTON FL 32572-4082

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90012 087 *****61.25

04-25-1999 90012 088 *****8.75

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/29/1989

4. FEI Number

59-6001874

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAMILTON, MURRAY
208 BURBANK DRIVE
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MURRAY HAMILTON
Signature, typed or printed name of registered agent and title if applicable.

Murray Hamilton
(NOTE: Registered Agent signature required when reinstating)

4/6/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME D
STREET ADDRESS FLOWERS, DAVID LEE
CITY-ST-ZIP 7520 HOLMES ROAD
MILTON FL 32583

TITLE ☐ DELETE
NAME D
STREET ADDRESS RICH, SYLVESTER
CITY-ST-ZIP 5030 PERSIMMON HOLLOW RD
MILTON FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS DANIELS, WILLIAM
CITY-ST-ZIP 5720 FALCON DRIVE
MILTON FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS WALLS, LEON
CITY-ST-ZIP 5417 CAMILLE GARDENS CIRCLE
MILTON FL 32570

TITLE ☐ DELETE
NAME D
STREET ADDRESS ALLEN, GREG
CITY-ST-ZIP 5606 PERSIMMON HOLLOW RD
MILTON FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS SMITH, TIM
CITY-ST-ZIP 8154 JAMIE DR
MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Cobb, Franklin
1.3 STREET ADDRESS 825 Johnson Road
1.4 CITY-ST-ZIP Milton, FL 32583

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Bryan Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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