

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # N34225

1. Entity 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



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, MURRAY  
4244 BURBANK DRIVE  
MILTON FL 32583

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Murray Hamilton*

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

4/15/05

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, SYLVESTER	
STREET ADDRESS	5030 PERSIMMON HOLLOW RD	
CITY- ST- ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, WILLIAM	
STREET ADDRESS	5720 FALCON DRIVE	
CITY- ST- ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLS, LEON	
STREET ADDRESS	5417 CAMILLE GARDENS CIRCLE	
CITY- ST- ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANNER, SARA R	
STREET ADDRESS	5030 PERSIMMON HOLLOW RD	
CITY- ST- ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TIM	
STREET ADDRESS	8154 JAMIE DR	
CITY- ST- ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BERNICE	
STREET ADDRESS	5345 ZERO LANE	
CITY- ST- ZIP	MILTON FL 32583	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benjamin F. Walker* Benjamin F. WALKER 4-15-05 623-5721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #