

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 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**



04292006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMILTON, MURRAY
4244 BURBANK DRIVE
MILTON, FL 32583**

**DO NOT WRITE
IN THIS SPACE**

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

5/1/06

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

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Benjamin F. Walker, **BENjamin F WALKER 5-1-2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1623.5721