

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**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**



03122007 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*

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

(NOTE: Registered Agent signature required when reinstating)

*3/31/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BANNER, SARA R  
5030 PERSIMMON HOLLOW RD  
MILTON, FL 32583**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, BERNICE  
5345 ZERO LANE  
MILTON, FL 32583**

000000712367  
04/26/07-80044-011 70.00

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-31-07* 6235721