

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90018 036 \*\*\*\*70.00

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/12/08*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE ☐ Change ☒ Addition  
NAME *Willie Craig Jr.*  
STREET ADDRESS *5162 Persimmon Hollow Rd.*  
CITY-ST-ZIP *MILTON, FLA. 32583*

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME *Rev. Edward T. Hayes*  
STREET ADDRESS *2702 Massachusetts Ave.*  
CITY-ST-ZIP *PENSACOLA, FLA. 32505*

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

TITLE ☐ Change ☒ Addition  
NAME *Carol Smith*  
STREET ADDRESS *5962 meadowland Court*  
CITY-ST-ZIP *MILTON, FLA. 32570*

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Y. Walker* **BENJAMIN Y. WALKER 850-623-5721**