

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34225

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** MAGNOLIA EDUCATIONAL & RECREATIONAL CENTER, INC.

**Current Principal Place of Business:**

5292 RICHBURG STREET  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4082  
MILTON, FL 325724082

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HAMILTON, MURRAY  
4244 BURBANK DRIVE  
MILTON, FL 32583 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRAIG JR, WILLIE  
Address: 5162 PERSIMMON HOLLOW RD  
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete  
Name: DANIELS, WILLIAM  
Address: 5720 FALCON DRIVE  
City-St-Zip: MILTON, FL

Title: D ( ) Delete  
Name: WALLS, LEON  
Address: 5417 CAMILLE GARDENS CIRCLE  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: HAYES, EDWARD T  
Address: 2702 MASSACHUSETT AVE  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: SMITH, CAROL  
Address: 5962 MEADWOLAND COURT  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: SMITH, BERNICE  
Address: 5345 ZERO LANE  
City-St-Zip: MILTON, FL 32583

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN WALKER

PRES

06/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date