

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34225

FILED
Jan 30, 2012
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:

5292 RICHBURG STREET
MILTON, FL 32583

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMILTON, MURRAY SR.
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
Name: CRAIG JR, WILLIE
Address: 5162 PERSIMMON HOLLOW RD
City-St-Zip: MILTON, FL 32583

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MURRAY HAMILTON, SR.

RA

01/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date