

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90143 045 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES



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

7. Name and Address of New Registered Agent

**HAMILTON, MURRAY**

**4244 BURBANK DRIVE  
MILTON FL 32583**

*(BURBANK)*

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*

*3/7/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

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

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

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

TITLE **D** ☐ 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 **D** ☒ Delete  
NAME **ALLEN, GREG**  
STREET ADDRESS **5806 PERSIMMON HOLLOW RD**  
CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☒ Addition  
NAME **Sarah Rich Banner**  
STREET ADDRESS **5030 Persimmon Hollow Rd.**  
CITY-ST-ZIP **Milton FL 32583**

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

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

TITLE **D** ☒ Delete  
NAME **MCCRAY, CARL**  
STREET ADDRESS **215 QUEEN ST**  
CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Change ☒ Addition  
NAME **Bernice Smith**  
STREET ADDRESS **5345 Zero Lane**  
CITY-ST-ZIP **Milton, FL 32583**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bernice Smith*

*3/11/03*

*850-623-5721*

CR2E037 (10/02)