

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 012 ****61.25

DOCUMENT # N94000000650

1. Entity Name
LAVENDER MAGIC, INC.



Principal Place of Business
**PO BOX 5932
GAINESVILLE, FL 32627**

Mailing Address
**PO BOX 5932
GAINESVILLE, FL 32627**

94074871



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3224797

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

**BALDINELLI, SHARON
5217 NW 33RD PL
GAINESVILLE, FL 32606**

Name **BALDINELLI, SHARON**

Street Address (P.O. Box Number is Not Acceptable)
4226 SW 67TH TERR

City **GAINESVILLE**

FL

Zip Code
32608

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LAMME, LINDA
10254 SW 55TH LN
GAINESVILLE, FL 32608** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WIESER, CARLA
4430 NW 34 TERRANCE
GAINESVILLE, FL 32605** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SALLY BETHART
5467 SE 35TH LOOP
OCALA FL 34471** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALTERS, MANDY
10820 NW 31 PLACE
GAINESVILLE, FL 32606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JOY MARSONS
PO BOX 5932
GAINESVILLE FL 32627** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BALDINELLI, SHARON
P.O BOX 2482
GAINESVILLE, FL 32601** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Sharon Baldinelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

352-335-0174

Date

Daytime Phone #