


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90341 008 ****61.25

DOCUMENT # N97000001163 1. Entity Name MARGARETVILLE OF NEW SMYRNA BEACH, INC.					
Principal Place of Business 147 W HYMAN AVE WINTER PARK, FL 32789			Mailing Address 147 W HYMAN AVE WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 233 W. Park Avenue		3. Mailing Address 233 W. Park Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number NOT APPLICABLE	
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, MARGARET J 147 W LYMAN AVE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Walker, Margaret J. Street Address (P.O. Box Number is Not Acceptable) 233 W. Park Avenue City Winter Park FL Zip Code 32789		
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 Margaret J Walker DATE 4-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVDT WALKER, LARRY K 953 LINCOLN CIR WINTER PARK, FL 32789		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPDS WALKER, MARGARET J 953 LINCOLN CIR WINTER PARK, FL 32789		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margaret J Walker <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-25-08		Daytime Phone # 407-644-3295