

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005306 (2)**

1. Corporation Name

**MAGNOLIA ROW, INC.**



Principal Place of Business <b>2758.2762 &amp; 2768 POST STREET JACKSONVILLE FL 32204</b>	Mailing Address <b>2758.2762 &amp; 2768 POST STREET JACKSONVILLE FL 32204</b>
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2. Principal Place of Business 21 <b>2762 Post Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Jacksonville, FL</b> 24 Zip <b>32205</b> 25 Country <b>Duval</b>	2a. Mailing Address 26 <b>2419 Winterwood Cr. E</b> Suite, Apt. #, etc. 27 City & State 28 <b>Jacksonville, FL</b> 29 Zip <b>32210</b> 30 Country <b>Duval</b>
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3. Date Incorporated or Qualified <b>09/18/1997</b>	Applied For Not Applicable
4. FEI Number <b>59-3470206</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DAVIS, JEANNE A 2419 WINTERWOOD CIRCLE EAST JACKSONVILLE FL 32210</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jeanne A. Davis* **Jeanne A. DAVIS** DATE **1-18-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>President Sandra L. Hudson</b>
STREET ADDRESS	<b>1178 6th Ave. S.</b>
CITY-ST-ZIP	<b>Jax Bch, FL 32250</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>*Vice President Vicki L. Fitzpatrick</b>
STREET ADDRESS	<b>1178 6th Ave. S.</b>
CITY-ST-ZIP	<b>Jax Bch, FL 32250</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Treasurer Jeane A. Davis</b>
STREET ADDRESS	<b>2419 Winterwood Cr. E</b>
CITY-ST-ZIP	<b>Jax, FL 32210</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Secretary Mary A. Sachs</b>
STREET ADDRESS	<b>74 Belmont Ave</b>
CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Board member Stephanie J. Hartley</b>
STREET ADDRESS	<b>1168 Nicholson Rd</b>
CITY-ST-ZIP	<b>Jax, FL 32207</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Board member Rita Higley</b>
STREET ADDRESS	<b>12496 Athrill Rd</b>
CITY-ST-ZIP	<b>Jax FL 32258</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra L. Hudson* **01/18/98 904-247-1861**

CR2E037 (10/97)