


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90302 032 ****70.00

DOCUMENT # N97000005306 1. Entity Name MAGNOLIA ROW, INC.					
Principal Place of Business 2762 POST STREET JACKSONVILLE, FL 32205 US			Mailing Address 1178 6TH AVE N JACKSONVILLE BEACH, FL 32250 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3470206	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04172005 Chg-NP CR2E037 (10/Q3)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SINCLAIR, CHERYL 781 BONAIRE CIRCLE 127 17th Ave., N JACKSONVILLE BEACH, FL 32250			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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, SHERYL		NAME	Sinclair, Sheryl	
STREET ADDRESS	781 BONAIRE CR		STREET ADDRESS	127 17th Ave., N	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, JEANNE		NAME		
STREET ADDRESS	2530 SHELBY CREEK ROAD, WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, SANDRA L		NAME		
STREET ADDRESS	1178 6TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSEN, EVA M		NAME		
STREET ADDRESS	420 SOUTH 36TH AVENUE LOWER		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZPATRICK, VICKI		NAME		
STREET ADDRESS	1178 6TH AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARSTETTER, MARLENE		NAME		
STREET ADDRESS	6869 BAKERFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
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: Sandra L. Hudson, Vice President 04/18/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					