


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005466					
1. Entity Name NORTH MAGNOLIA CORRIDOR REDEVELOPMENT CORPORATION					
Principal Place of Business 1735 N JACKSONVILLE RD OCALA FL 34470			Mailing Address 1735 N.E. JACKSONVILLE ROAD OCALA FL 34470 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERSHBERGER, FLOYD 1735 NE JACKSONVILLE RD OCALA FL 34470			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERSHBERGER, FLOYD		NAME	000000048448	
STREET ADDRESS	1735 N JACKSONVILLE RD		STREET ADDRESS	02/12/04-80081-001 61.25	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERSHBERGER, MARYLEE		NAME		
STREET ADDRESS	1735 N JACKSONVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARZELLA, ROSE		NAME		
STREET ADDRESS	733 N. MAGNOLIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34475		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YUTANI, KEVIN		NAME		
STREET ADDRESS	1708 N MAGNOLIA AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34475		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YANDLE, CLARK		NAME		
STREET ADDRESS	834 N. MAGNOLIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34475		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBRIGHT, GEORGE		NAME		
STREET ADDRESS	1412 N.W. 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34475		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)(f), 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: Marylee Hershberger **MARYLEE HERSHBERGER** 2-2-04 352-732-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #