


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
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.					



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	D <input type="checkbox"/> Delete HERSHBERGER, FLOYD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1735 N JACKSONVILLE RD	STREET ADDRESS	U00000326436
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	04/23/05-80057-006 61.25
TITLE	D <input type="checkbox"/> Delete HERSHBERGER, MARYLEE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1735 N JACKSONVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MARZELLA, ROSE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	733 N. MAGNOLIA AVE.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete YUTANI, KEVIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1708 N MAGNOLIA AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete YANDLE, CLARK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	834 N. MAGNOLIA AVE.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete ALBRIGHT, GEORGE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mary Lee Hershberger MARY LEE HERSHBERGER Secy Pres 4/21/05 352-932-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #