

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 040 ****61.25



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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.



1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HERSHBERGER, FLOYD	1735 N JACKSONVILLE RD	OCALA FL 34470	<input type="checkbox"/>
D	HERSHBERGER, MARYLEE	1735 N JACKSONVILLE RD	OCALA FL 34470	<input type="checkbox"/>
D	MARZELLA, ROSE	733 N. MAGNOLIA AVE.	OCALA FL 34475	<input type="checkbox"/>
D	YUTANI, KEVIN	1708 N MAGNOLIA AVE	OCALA FL 34475	<input checked="" type="checkbox"/>
D	YANDLE, CLARK	834 N. MAGNOLIA AVE.	OCALA FL 34475	<input type="checkbox"/>
D	ALBRIGHT, GEORGE	1412 N.W. 10TH STREET	OCALA FL 34475	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MARTHA ZINN	908 N. MAGNOLIA AVE	OCALA, FL 34475	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MIKE NEEDHAM	216 NE 14 TH STREET	OCALA, FL 34470	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MARK SHAFER	825 N MAGNOLIA AVE.	OCALA, FL 34475	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MICHAEL SLACK	527 SE 36 TH Lane	OCALA, FL 34471	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FLOYD V. HERSHBERGER 3-5-06 352-732-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #