## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 17, 2007 8:00 am Secretary of State DOCUMENT # N97000005466 1. Entity Name 04-17-2007 90049 034 \*\*\*\*61.25 NORTH MAGNOLIA CORRIDOR REDEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1735 N JACKSONVILLE RD 1735 N.E. JACKSONVILLE ROAD OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERSHBERGER, FLOYD Street Address (P.O. Box Number is Not Acceptable) 1735 NE JACKSONVILLE RD OCALA FL 34470 City Zip Code FL 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 reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D ☐ Delete HILL ☐ Addition NAME HERSHBERGER, FLOYD NAME STREET ADDRESS STREET ADDRESS 1735 N JACKSONVILLE RD CITY - ST-ZIP CITY-ST-ZIP **OCALA FL 34470** TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERSHBERGER, MARYLEE NAME NAME STREET ADDRESS 1.735 N JACKSONVILLE RD STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP OCALA FL 34470 ☐ Delete TITLE Change ☐ Addition D NAME NAME MARZELLA, ROSE STREET ADDRESS STREET ADDRESS 733 N. MAGNOLIA AVE. CITY-ST-ZIP CITY-ST-7IP OCALA FL 34475 TITLE Delete TITLE ☐ Change Addition NAME NAME ZINN, MARTHA STREET ADDRESS STREET ADDRESS 908 N. MAGNOLIA AVE CITY - ST - ZIP CITY - ST - ZIP OCALA FL 34475 HILE ☐ Delete DHE Change ☐ Addition NAME YANDLE, CLARK NAME STREET ADDRESS 834 N. MAGNOLIA AVE. STREET ADDRESS CITY-ST-7IP OCALA FL 34475 CITY-S1-7IP TITLE ☐ Delete TITLE Change Addition NAME NEEDHAM, NEEDHAM NAME STREET ADDRESS 216 NE 14TH STREET STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP OCALA FL 34470

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 eath; 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

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

MARYLEE HERSHBERGER

FILED

352-732-2249