


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 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
--	--



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

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	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

U00000896618
04/25/08-80015-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHBERGER, FLOYD 1735 N JACKSONVILLE RD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHBERGER, MARYLEE 1735 N JACKSONVILLE RD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARZELLA, ROSE 733 N. MAGNOLIA AVE. OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINN, MARTHA 908 N. MAGNOLIA AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANDLE, CLARK 834 N. MAGNOLIA AVE. OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEDHAM, NEEDHAM 216 NE 14TH STREET OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Marylee Hershberger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>MARYLEE HERSHBERGER</u>	<u>4-11-08</u> <small>Date</small>	<u>352-732-2249</u> <small>Daytime Phone #</small>
--	----------------------------	---------------------------------------	---