

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005466

FILED
Mar 09, 2009
Secretary of State

Entity Name: NORTH MAGNOLIA CORRIDOR REDEVELOPMENT CORPORATION

Current Principal Place of Business:

1735 N JACKSONVILLE RD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1735 N.E. JACKSONVILLE ROAD
OCALA, FL 34470 US

New Mailing Address:

1735 N JACKSONVILLE RD
OCALA, FL 34470

FEI Number: 33-1129925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSHBERGER, FLOYD
1735 NE JACKSONVILLE RD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERSHBERGER, FLOYD
Address: 1735 N JACKSONVILLE RD
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: HERSHBERGER, MARYLEE
Address: 1735 N JACKSONVILLE RD
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: MARZELLA, ROSE
Address: 733 N. MAGNOLIA AVE.
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: ZINN, MARTHA
Address: 908 N. MAGNOLIA AVE
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: YANDLE, CLARK
Address: 834 N. MAGNOLIA AVE.
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: NEEDHAM, MIKE
Address: 216 NE 14TH STREET
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NEEDHAM, MIKE
Address: 216 NE 14TH STREET
City-St-Zip: Ocala, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYLEE HERSHBERGER

D

03/09/2009

Electronic Signature of Signing Officer or Director

Date