

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91053 025 ****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 34471--
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country
34470

4. FEI Number **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	HERSHBERGER, FLOYD	
STREET ADDRESS	1735 N JACKSONVILLE RD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHBERGER, MARYLEE	
STREET ADDRESS	1735 N JACKSONVILLE RD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARZELLA, ROSE	
STREET ADDRESS	733 N. MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUTANI, KEVIN	
STREET ADDRESS	1708 N MAGNOLIA AVE	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	YANDLE, CLARK	
STREET ADDRESS	834 N. MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTON, JIMMY D	
STREET ADDRESS	520 NE 1ST AVE.	
CITY-ST-ZIP	OCALA FL 34475	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRIGHT, GEORGE	
STREET ADDRESS	1412 N.W. 10th STREET	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: *MARYLEE HERSHBERGER* **MARYLEE HERSHBERGER** 4-17-03 352-732-2249

CR2E037 (10/02)