

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000021598

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MAGNOLIA COURT ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

2232 ARCHER COURT  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

2232 ARCHER COURT  
COCOA, FL 32926

**New Mailing Address:**

103 YACHT HAVEN DR  
COCOA BEACH, FL 32931

**FEI Number:** 27-5274088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, TRACEY B  
1015 SAMAR ROAD  
COCOA BEACH, FL 32931 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: P  
Name: HARRISON, TRACEY B  
Address: 1015 SAMAR ROAD  
City-St-Zip: COCOA BEACH, FL 32931

Title: VP  
Name: FORSYTH, VALERIE A  
Address: 1155 SAMAR ROAD  
City-St-Zip: COCOA BEACH, FL 32931

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACEY B. HARRISON

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date