

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000010628

Entity Name: MIRACLE ON MAGNOLIA MINISTRIES INC**Current Principal Place of Business:**5841 S MAGNOLIA AVENUE
OCALA, FL 34471**Current Mailing Address:**PO BOX 770187
OCALA, FL 34474 US**FEI Number: 84-3482920****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, LINDA F
4340 SW 100 STREET
OCALA, FL 34476 US*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**Officer/Director Detail :**

Title P,D
Name GARY, HOMER A II
Address PO BOX 770187
City-State-Zip: Ocala FL 34474

Title VP,D
Name HARRIS, HAROLD
Address PO BOX 770187
City-State-Zip: Ocala FL 34474

Title D
Name GARY, HOMER D
Address PO BOX 770187
City-State-Zip: Ocala FL 34474

Title D
Name SMITH, LINDA F
Address PO BOX 770187
City-State-Zip: Ocala FL 34474

Title D
Name CREWS, RECCY
Address P.O. BOX 770187
City-State-Zip: Ocala FL 34474

Title TD
Name SMALL, RUPERT
Address P.O. BOX 770187
City-State-Zip: Ocala FL 34474

Title SD
Name BROUGHTON, ASHLEY
Address PO BOX 770187
City-State-Zip: Ocala FL 34474

Title D
Name SMITH, LINDA FAYE
Address PO BOX 770187
City-State-Zip: Ocala FL 34474

Continues on page 2

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

SIGNATURE: FELICIA GUINEVERE STEWART-JACKSON**ADMINISTRATOR****04/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name CROSKEY, ELAINE PAULETTE
Address PO BOX 770187
City-State-Zip: OCALA FL 34474

Title D
Name BROUGHTON, CARL
Address PO BOX 770187
City-State-Zip: OCALA FL 34474

Title D
Name STEWART-JACKSON, FELICIA
Address PO BOX 770187
City-State-Zip: OCALA FL 34474

Title D
Name BELL, SYLVESTER
Address PO BOX 770187
City-State-Zip: OCALA FL 34474

Title D
Name HARMON, ROBERT
Address PO BOX 770187
City-State-Zip: OCALA FL 34474

Title D
Name RICHARDSON-SIMON, BONNIE
Address PO BOX 770187
City-State-Zip: OCALA FL 34474