

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22519

Entity Name: THE MAGNOLIA SCHOOL, INC.**Current Principal Place of Business:**2705 W. THARPE ST.
TALLAHASSEE, FL 32303**Current Mailing Address:**2705 W. THARPE ST.
TALLAHASSEE, FL 32303 US**FEI Number:** 59-2841227**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGLYNN, KATHLEEN
2705 W. THARPE
TALLAHASSEE, FL 32303 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	D
Name	YOUNG, JANET
Address	2830 BOATNER ST.
City-State-Zip:	TALLAHASSEE FL 32310

Title	D
Name	SMITH, SUSAN
Address	149 VIRGIL WAY
City-State-Zip:	QUINCY FL 32351

Title	D
Name	WILSON, JULIE
Address	902 KITTRELL RD.
City-State-Zip:	QUINCY FL 32351

Title	D
Name	WILEY, SUE
Address	1920 CHOWKEEBIN NENE
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	FLECK, LERENA
Address	2305 EASTGATE WAY
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	MUNSON, GREG
Address	1625 HEDGEFIELD CT.
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	SUSAN, RAY
Address	1217 LUCY ST.
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	TANYA, SCHAAD
Address	3517 FALCON DR.
City-State-Zip:	TALLAHASSEE FL 32305

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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: JULIE WILSON**MEMBER, BOD****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SKIP, OWEN
Address 2589 PINE RIDGE RD.
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name PATRICIA, DAVIS
Address 2705 W. THARPE ST.
City-State-Zip: TALLAHASSEE FL 32303