

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **718119** (1)

1. Corporation Name
LAKE MAGDALENE UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
2902 FLETCHER AVE. W. TAMPA FL 33618

3. Date Incorporated or Qualified **03/13/1970** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0931265	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BEARSS, MARTIN
2902 FLETCHER AVE.W.
TAMPA, FL
TAMPA FL 33618

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEARSS, MARTIN	1.2 NAME	JACK HUSS
STREET ADDRESS	2902 FLETCHER AVE.W.	1.3 STREET ADDRESS	812 TARAY De AVILA "D"
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	TAMPA FL 33613
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, RICHARD	2.2 NAME	RICHARD Busch "D"
STREET ADDRESS	2902 FLETCHER AVE. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANZANT, ROLAND	3.2 NAME	JOHN GIBSON "D"
STREET ADDRESS	2902 FLETCHER AVE. W.	3.3 STREET ADDRESS	2910 LAKE STALL LANE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Kelly Underhill
STREET ADDRESS		4.3 STREET ADDRESS	11806 RAIN TREE LAKE LANE # D
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA FL 33617-9410
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Bank deposit \$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John M Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 *813 968 6744*

CR2E037 (12/95)