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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
2902 FLETCHER AVE. W. TAMPA FL 33618-3261

3. Date Incorporated or Qualified 03/13/1970  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 2a. Mailing Address 26  
Suite, Apt. #, etc. 22 27  
City & State 23 28  
Zip 24 Country 25 29 Country 30  
4. FEI Number 59-0931265 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
GOULD, JAMES R  
2902 FLETCHER AVE.W.  
TAMPA FL 33618  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HUSS, JACK	1.2 NAME	
STREET ADDRESS	812 TARAY DE AVILA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	BUSCH, RICHARD	2.2 NAME	
STREET ADDRESS	2902 FLETCHER AVE. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	GIBSON, JOHN	3.2 NAME	
STREET ADDRESS	2910 LAKE STALL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	UNDERHILL, KELLY	4.2 NAME	
STREET ADDRESS	11806 RAIN TREE LAKE LANE #D	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617-9410	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Jack H. Huss* 2/24/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048476

CR2E037 (9/96)