


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718119 (1)
1. Corporation Name
LAKE MAGDALENE UNITED METHODIST CHURCH, INC.



Principal Place of Business 2902 FLETCHER AVE. W. TAMPA FL 33618	Mailing Address 2902 FLETCHER AVE. W. TAMPA FL 33618
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3. Date Incorporated or Qualified 03/13/1970	
4. FEI Number 59-0931265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
30. Country	

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 JACK HUSS c/o Lake Magdalene U.M. Church	
82. Street Address (P.O. Box Number is Not Acceptable) 2902 Fletcher Ave. W.	
83. City Tampa	
84. State FL	85. Zip Code 33618

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: *Jack L. Huss* DATE: **1/26/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME UNDERHILL, KELLY		4.2 NAME	
STREET ADDRESS 11806 RAIN TREE LAKE LANE #D		4.3 STREET ADDRESS Secretary CAROLYN Goodwin 14808 Oak Club Circle Tampa, Florida 33624	
CITY-ST-ZIP TAMPA FL 33617-9410		4.4 CITY-ST-ZIP 33624	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 L. Huss* DATE: **2/3/98** **813-968-8514**

CR2E037 (10/97)