

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718119

1. Entity Name

LAKE MAGDALENE UNITED METHODIST CHURCH, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90015 016 ****61.25

Principal Place of Business	Mailing Address
2902 FLETCHER AVE. W. TAMPA FL 33618	2902 FLETCHER AVE. W. TAMPA FL 33618-3261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-0931265	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNDERLAND, JAMES
 2902 FLETCHER AVE. W.
 TAMPA FL 33618

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. 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: *James P. Sunderland* James P. Sunderland Bookkeeper 2/8/00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> Delete
NAME	HOFF, JENNELLE
STREET ADDRESS	2902 FLETCHER AVE. W.
CITY-ST-ZIP	TAMPA FL
TITLE	TD <input type="checkbox"/> Delete
NAME	BUSCH, RICHARD
STREET ADDRESS	2902 FLETCHER AVE. W.
CITY-ST-ZIP	TAMPA FL
TITLE	PD. <input type="checkbox"/> Delete
NAME	GIBSON, JOHN
STREET ADDRESS	2910 LAKE STALL LANE
CITY-ST-ZIP	TAMPA FL
TITLE	S <input type="checkbox"/> Delete
NAME	GOODWIN, CAROLYN
STREET ADDRESS	14808 PAR CLUB CIRCLE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennelle R Hoff* **SIGNATURE REQUIRED** 2/28/00 961-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)