

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90113 035 \*\*\*\*61.25

**DOCUMENT # 718119**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0931265**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOFF, JENNELLE	
STREET ADDRESS	2902 FLETCHER AVE. W.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BUSCH, RICHARD	
STREET ADDRESS	2902 FLETCHER AVE. W.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JOHN	
STREET ADDRESS	2910 LAKE STALL LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" 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	<b>X 1</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YOST, JAMES</b> (D)	
STREET ADDRESS	<b>2902 FLETCHER AVE. W.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, JOEL</b> (D)	
STREET ADDRESS	<b>2902 FLETCHER AVE. W.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUEGER, NORMAN</b> (D)	
STREET ADDRESS	<b>2902 FLETCHER AVE. W.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEARSS, LOUISE</b>	
STREET ADDRESS	<b>2902 FLETCHER AVE. W.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
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: **JAMES YOST** RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 813-961-1254

Date Daytime Phone #

CR2E037 (9/01)