2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718119

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

BEARSS, LOUISE

TAMPA, FL 33618

2902 FLETCHER AVE. W.

() Delete

() Delete

Apr 26, 2004 Secretary of State

Entity Name: LAKE MAGDALENE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2902 FLETCHER AVE. W. TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 2902 FLETCHER AVE. W. TAMPA, FL 33618 FEI Number: 59-0931265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUNDERLAND, JAMES CHEATHAM, PAUL W 2902 FLETCHÉR AVE. W. 21207 PRESERVATION DR LAND O' LAKES, FL 34639 US TAMPA, FL 33618 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: PAUL W CHEATHAM 04/26/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition YOST, JAMES YOST, JAMES Name: Name: 2902 FLETCHER AVE. W. Address: 12021 ORANGE GROVE DR Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: (X) Change () Addition Name: ELLIS, JOEL Name: RICHMOND, BOB Address: 2902 FLETCHER AVE. W. Address: 2554 LAKE ELLEN CIR City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: (X) Change () Addition KRUEGER, NORMAN Name: BRADLEY, CLAYTON Name: 2910 LAKE STALL LANE 4802 SCHOOL RD Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: LAND O' LAKES, FL 34639 Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

BEARSS, LOUISE

TAMPA, FL 33618

TAMPA, FL 33647

ROZMESKI, LILIA

LUTZ, FL 33558

CRAWFORD, WAYNE

9109 WOODRIDGE RUN DR

17779 LAKE CARLTON DR APT A

14219 LAKE MAGDALENE BLVD

() Change (X) Addition

() Change (X) Addition

SIGNATURE: JAMES YOST D 04/26/2004

DALE NEDERHOFF, DIRECTOR 4003 CYPRESS LN TAMPA, FL 33618

OPAL GRAVES, DIRECTOR 4230 HARTWOOD LN TAMPA, FL 33618

LEE MCDANIEL, DIRECTOR 1002 KINGSBOROUGH GARDENS CT LUTZ, FL 33548