

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718119

FILED
Apr 25, 2007
Secretary of State

Entity Name: LAKE MAGDALENE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2902 W. FLETCHER AVE.
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2902 W. FLETCHER AVE.
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-0931265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAIN, HILARY K
18720 CHAVILLE RD.
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR/P () Delete
Name: BURGE, MICHAEL
Address: 17310 PREAKNESS PL
City-St-Zip: ODESSA, FL 33556

Title: TR () Delete
Name: GRAVES, OPAL
Address: 4230 HARTWOOD LANE
City-St-Zip: TAMPA, FL 33618

Title: TR () Delete
Name: BRADLEY, CLAYTON
Address: 4802 SCHOOL RD
City-St-Zip: LAND O' LAKES, FL 34638

Title: TR/S () Delete
Name: BEARSS, LOUISE
Address: 14219 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33618

Title: TR/V () Delete
Name: HAY, PETER
Address: 14344 ROME AVE
City-St-Zip: TAMPA, FL 33613

Title: TR () Delete
Name: PRINE, PAUL
Address: 19261 FISHERMANS BEND DR
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR/V (X) Change () Addition
Name: BURGE, MICHAEL R
Address: 17310 PREAKNESS PL
City-St-Zip: ODESSA, FL 33556

Title: TR (X) Change () Addition
Name: HICKMAN, JAMES H
Address: 12401 N 22ND ST., APT G603
City-St-Zip: TAMPA, FL 33612

Title: TR (X) Change () Addition
Name: SUNDERLAND, JANE
Address: 2604 COZUMEL DR.
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR/P (X) Change () Addition
Name: HAY, PETER
Address: 14344 ROME AVE
City-St-Zip: TAMPA, FL 33613

Title: TR (X) Change () Addition
Name: PRINE, PAUL E
Address: 19261 FISHERMANS BEND DR
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: PETER HAY

Electronic Signature of Signing Officer or Director

TR/P

04/25/2007

Date