

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718119

FILED
Apr 02, 2012
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
Name: HAY, PETER
Address: 14344 N ROME AVE
City-St-Zip: TAMPA, FL 33613

Title: TR/P
Name: MCKEOWN, COREY O
Address: 3312 VALENCIA RD.
City-St-Zip: TAMPA, FL 33618

Title: TR/S
Name: MANNING, JOHN W
Address: 18915 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33558

Title: TR
Name: BENTLEY, LAURIE
Address: 1609 MAGDALENE MANOR DR.
City-St-Zip: TAMPA, FL 33613

Title: TR
Name: COSTELLO, RANDY J
Address: 4810 TANNERY AVE.
City-St-Zip: TAMPA, FL 33624

Title: TR/T
Name: MILLER, STEPHEN K
Address: 4601 WHITE PINE LANE
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: COREY O. MCKEOWN

T/CH

04/02/2012

Electronic Signature of Signing Officer or Director

Date