


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90167 023 ****61.25

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DOCUMENT # 718119
1. Entity Name
LAKE MAGDALENE UNITED METHODIST CHURCH, INC.



Principal Place of Business: **2902 FLETCHER AVE. W. TAMPA FL 33618**
Mailing Address: **2902 FLETCHER AVE. W. TAMPA FL 33618**

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

4. FEI Number **59-0931265** Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	YOST, JAMES
STREET ADDRESS	2902 FLETCHER AVE. W.
CITY-ST-ZIP	TAMPA FL 33618
TITLE	D <input type="checkbox"/> Delete
NAME	ELLIS, JOEL
STREET ADDRESS	2902 FLETCHER AVE. W.
CITY-ST-ZIP	TAMPA FL 33618
TITLE	D <input type="checkbox"/> Delete
NAME	KRUEGER, NORMAN
STREET ADDRESS	2910 LAKE STALL LANE
CITY-ST-ZIP	TAMPA FL 33618
TITLE	S <input type="checkbox"/> Delete
NAME	BEARSS, LOUISE
STREET ADDRESS	2902 FLETCHER AVE. W.
CITY-ST-ZIP	TAMPA FL 33618
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	

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: SIGNATURE REQUIRED **5/22/03** **813-961-1254**

CR2E037 (10/02)