

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2004
Secretary of State**

DOCUMENT# 760605

Entity Name: MAGDALENE GROVE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

13014 N. DALE MABRY HWY BOX 622
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 N. DALE MABRY HWY BOX 622
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-2602517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDUE, SHARON L
1218 BEACON HILL DRIVE
TAMPA, FL 33613

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: PD () Delete
Name: CLARK, RONALD
Address: 908 TERRA MAR DRIVE
City-St-Zip: TAMPA, FL 33613
- Title: VD () Delete
Name: DUFAULT, VERNON
Address: 1204 MAGDALENE HILL DR
City-St-Zip: TAMPA, FL 33613
- Title: VD () Delete
Name: MUSTO, JERRY
Address: 1202 MAGDALENE GROVE DRIVE
City-St-Zip: TAMPA, FL 33613
- Title: SD () Delete
Name: DICHRISTOPHER, ALISON
Address: 923 TERRA MAR DRIVE
City-St-Zip: TAMPA, FL 33613
- Title: TD () Delete
Name: PERDUE, SHARON L
Address: 1218 BEACON HILL DRIVE
City-St-Zip: TAMPA, FL 33613
- Title: D () Delete
Name: CLARK, GLORIA
Address: 908 TERRA MAR DRIVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: SD (X) Change () Addition
Name: REDDING, RICK
Address: 1219 LABRAD
City-St-Zip: TAMPA, FL 33613
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHARON L PERDUE

TREA

03/07/2004

Electronic Signature of Signing Officer or Director

Date