


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90117 018 ****61.25

005106

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000000027

1. Corporation Name
LAKE MAGDALENE UNITED METHODIST CHURCH, INC. EARLY CHILDHOOD CENTER

Principal Place of Business 2902 FLETCHER AVENUE WEST TAMPA FL 33618	Mailing Address 2902 FLETCHER AVENUE WEST TAMPA FL 33618
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/06/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-348-8520 <i>Applying For</i>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPROLES, LILIAS (PAT) 2902 FLETCHER AVENUE WEST TAMPA FL 33618				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Ken Miller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPROLES, LILIAS (PAT)	1.2 NAME	12721 North Paddock Avenue
STREET ADDRESS	2519 KRUEGER LANE	1.3 STREET ADDRESS	Tampa, Florida 33618
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVER, CHARLES	2.2 NAME	Dawn Stoker
STREET ADDRESS	12721 N PADDOCK AVE	2.3 STREET ADDRESS	16405 Avila Blvd.
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	Tampa, Florida 33618
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALVERSON, KAREN	3.2 NAME	Nancy Kelsey
STREET ADDRESS	13318 N LINCOLN AVE	3.3 STREET ADDRESS	3436 Valley Ranch Drive
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	Lutz, Florida 33549
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OPP, DEBBIE	4.2 NAME	Chris Carnes
STREET ADDRESS	10002 PRINCESS PALM AVE	4.3 STREET ADDRESS	11007 Carrollwood Drive
CITY-ST-ZIP	TAMPA FL 33619	4.4 CITY-ST-ZIP	Tampa, Florida 33618
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, MERRY	5.2 NAME	Lea Orchard
STREET ADDRESS	12608 TRUCIOUS PL	5.3 STREET ADDRESS	4320 Carrollwood Village Drive
CITY-ST-ZIP	TAMPA FL 33625	5.4 CITY-ST-ZIP	Tampa, Florida 33624
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	URBANEK, VIRGINIA	6.2 NAME	
STREET ADDRESS	11105 CARROLLWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618 (SEE ATTACHED)	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *LILIAS E. SPROLES* SIGNATURE REQUIRED *Lilias E. Sproles 1-15-99* 813-963-0556

CR2E037 (11/98)