

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90234 009 ****61.25

DOCUMENT # N98000000027

1. Entity Name

LAKE MAGDALENE UNITED METHODIST CHURCH, INC. EAR

Principal Place of Business

Mailing Address

2902 FLETCHER AVENUE WEST
 TAMPA FL 33618

2902 FLETCHER AVENUE WEST
 TAMPA FL 33618-3261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPROLES, LILIAS (PAT)
2902 FLETCHER AVENUE WEST
TAMPA FL 33618

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.

SIGNATURE *Lilias E. Sproles*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SPROLES, LILIAS (PAT)**
 STREET ADDRESS **2519 KRUEGER LANE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** Change Addition
 NAME **Karen Burns**
 STREET ADDRESS **6316 Forrestal Drive**
 CITY-ST-ZIP **Tampa, Florida 33625**

TITLE **D** Delete
 NAME **MILLER, KEN**
 STREET ADDRESS **12721 NORTH PADDOCK AVENUE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** Change Addition
 NAME **Stefanie Blackburn**
 STREET ADDRESS **16403 Avila Boulevard**
 CITY-ST-ZIP **Tampa, Florida 33613**

TITLE **D** Delete
 NAME **HALVERSON, KAREN**
 STREET ADDRESS **13318 N LINCOLN AVE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition

TITLE **D** Delete
 NAME **OPP, DEBBIE**
 STREET ADDRESS **10002 PRINCESS PALM AVE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE Change Addition

TITLE **D** Delete
 NAME **STOKER, DAWN**
 STREET ADDRESS **16405 AVILA BLVD**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition

TITLE **D** Delete
 NAME **KELSEY, NANCY**
 STREET ADDRESS **3436 VALLEY BANCH DRIVE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition

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: *Lilias E. Sproles Lilias E. Sproles* 1/11/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-963-0356
 Daytime Phone #

CR2E037 (9/99)