

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 17, 2001 8:00 am
Secretary of State

04-18-2001 90020 021 ****61.25

DOCUMENT # N98000000027

1. Entity Name
LAKE MAGDALENE UNITED METHODIST CHURCH, INC. EAR

Principal Place of Business Mailing Address
2802 FLETCHER AVENUE WEST **2902 FLETCHER AVENUE WEST**
TAMPA FL 33618 **TAMPA FL 33618**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3488520 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPROLES, LILIAS (PAT)
2902 FLETCHER AVENUE WEST
TAMPA FL 33618

7. Name and Address of New Registered Agent
 Name **Deborah F. Opp**
 Street Address (P.O. Box Number is Not Acceptable)
2902 Fletcher Avenue West.
 City **Tampa** FL Zip Code **33618**

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 *Deborah F. Opp* **Deborah F. Opp** **April 9, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

| | |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPROLES, LILIAS (PAT) 2519 KRUEGER LANE TAMPA FL 33618 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, KEN 12721 NORTH PADDOCK AVENUE TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HALVERSON, KAREN 13318 N LINCOLN AVE TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OPP, DEBBIE 10002 PRINCESS PALM AVE TAMPA FL 33619 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOKER, DAWN 16405 AVILA BLVD TAMPA FL 33618 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURNS, KAREN 6316 FORRESTAL DRIVE TAMPA FL 33625 <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lynch, Jean 4910 Melrow Court Tampa, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Orchard, Lea 4320 Carrollwood Village Drive Tampa, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cindy Burns 2619 Merida Lane Tampa, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jim Yost 4815 Tea Rose Court Lutz, FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Deborah F. Opp* **Deborah F. Opp** **4-9-01** **813-963-0356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)