


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90059 027 \*\*\*\*61.25

**DOCUMENT # N98000000027**

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




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

**54029474**



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For  
**59-3488520**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OPP, DEBORAH  
 2902 FLETCHER AVENUE WEST  
 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 Deborah F. Opp      Deborah F. Opp      April 7, 2004  
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  
 Due By May 1, 2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	D HARVEY, PATTY 2823 SAMARA DR. TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORCHARD, LEA 4320 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624	<input checked="" 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, CINDY 2619 MERIDA LANE TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOST, JIM 4815 TEA ROSE COURT LUTZ FL 33549	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Nancy Leach 11409 Carrollwood Dr. Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Margaret Jane Dodson 4709 Foxshire Circle Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jill Kralovanec 3012 Magdalene Woods Dr. Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Debbie Opp 2902 Fletcher Ave., West Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input 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)(f), 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      4-7-04      (813) 963-0356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #