

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000027

FILED  
Apr 13, 2005  
Secretary of State

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

**Current Principal Place of Business:**

2902 FLETCHER AVENUE WEST  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

2902 FLETCHER AVENUE WEST  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3488520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OPP, DEBORAH  
2902 FLETCHER AVENUE WEST  
TAMPA, FL 33618 US

**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: D ( ) Delete  
Name: LEACH, NANCY  
Address: 11409 CARROLLWOOD DR  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: JANE DODSON, MARGARET  
Address: 4709 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: HALVERSON, KAREN  
Address: 13318 N LINCOLN AVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: OPP, DEBBIE  
Address: 2902 FLETCHER AVE, WEST  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: KRALOVANEE, JILL  
Address: 3012 MAGDALENE WOODS DR  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: YOST, JIM  
Address: 4815 TEA ROSE COURT  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: LEACH, NANCY  
Address: 11409 CARROLLWOOD DR  
City-St-Zip: TAMPA, FL 33618

Title: P (X) Change ( ) Addition  
Name: DODSON, MARGARET J  
Address: 4709 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOODMAN, MICHELLE  
Address: 5407 SUNFLARE WAY  
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change ( ) Addition  
Name: RICHMOND, BOB  
Address: 2554 LAKE ELLEN CR  
City-St-Zip: TAMPA, FL 33618

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: DEBORAH F. OPP

D

04/13/2005

Electronic Signature of Signing Officer or Director

Date