2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000027

Apr 10, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2902 FLETCHER AVENUE WEST TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

2902 FLETCHER AVENUE WEST TAMPA, FL 33618

FEI Number: 59-3488520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OPP, DEBORAH BURNS, CYNTHIA B

2902 FLETCHER AVENUE WEST 2902 FLETCHER AVENUE WEST

TAMPA, FL 33618 TAMPA, FL 33618 US

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: CYNTHIA B. BURNS 04/10/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

LEACH, NANCY LEACH, NANCY Name: Name: 11409 CARROLLWOOD DR Address: 11409 CARROLLWOOD DR Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change () Addition

DODSON, MARGARET J Name: DODSON, MARGARET J Name: Address: 4709 FOXSHIRE CIRCLE Address: 4709 FOXSHIRE CIRCLE City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

Title: () Delete Title: () Change () Addition

HALVERSON, KAREN Name: Name: 13318 N LINCOLN AVE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip:

(X) Change () Addition Title: () Delete Title: BURNS, CYNTHIA Name: OPP. DEBBIE Name:

Address: 2902 FLETCHER AVE, WEST Address: 2902 FLETCHER AVE, WEST

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change () Addition

GOODMAN, MICHELLE BAKO, STEVEN Name: Name: 5407 SUNFLARE WAY 15521 WOODWAY DR Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: TAMPA, FL 33613

Title: () Delete Title: (X) Change () Addition RICHMOND, BOB BOLLING, CARLA Name: Name:

Address: 2554 LAKE ELLEN CR Address: 1721 MAGDALENE MANOR DR

TAMPA, FL 33618 TAMPA, FL 33613 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CYNTHIA B. BURNS D 04/10/2006

Electronic Signature of Signing Officer or Director

Date