

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2007
Secretary of State**

DOCUMENT# N98000000027

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:

BURNS, CYNTHIA B
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: S/D () Delete
Name: LEACH, NANCY
Address: 11409 CARROLLWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: P/D () Delete
Name: DODSON, MARGARET J
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: BURNS, CYNTHIA
Address: 2902 FLETCHER AVE, WEST
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BAKO, STEVEN
Address: 15521 WOODWAY DR
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: BOLLING, CARLA
Address: 1721 MAGDALENE MANOR DR
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change () Addition
Name: JOHNSON, KRISTEN
Address: 17413 ISBELL LANE
City-St-Zip: ODESSA, FL 33556

Title: P/D (X) Change () Addition
Name: KRALOVANEC, JILL
Address: 3012 LAKE MAGDALENE WOODS DRIVE
City-St-Zip: TAMPA, FL 33618

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/27/2007

Electronic Signature of Signing Officer or Director

Date