

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 25, 2008  
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: JOHNSON, KRISTEN  
Address: 17413 ISBELL LANE  
City-St-Zip: ODESSA, FL 33556

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

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: P/D      (X) Change ( ) Addition  
Name: MILLER, JOY  
Address: 6303 SEA LAVENDAR LANE  
City-St-Zip: TAMPA, FL 33625

Title: S/D      (X) Change ( ) Addition  
Name: MARTIN, DAWN JAMEE  
Address: 805 W. 124TH AVENUE  
City-St-Zip: TAMPA, FL 33612

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: D      (X) Change ( ) Addition  
Name: ADCOCK, AMANDA  
Address: 14514 THORNFIELD COURT  
City-St-Zip: TAMPA, FL 33624

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

DIR

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date