

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718119

Entity Name: LAKE MAGDALENE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2902 W. FLETCHER AVE.
TAMPA, FL 33618

Current Mailing Address:

2902 W. FLETCHER AVE.
TAMPA, FL 33618

FEI Number: 59-0931265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAIN, HILARY K
18720 CHAVILLE RD.
LUTZ, FL 33558 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title TRUSTEE, CHAIRMAN
Name PERDUE, JAMES A.
Address 3046 SAMARA DR.
City-State-Zip: TAMPA FL 33618

Title TRUSTEE
Name BURGE, DIANE S
Address 17310 PREAKNESS PLACE
City-State-Zip: ODESSA FL 33556

Title TRUSTEE
Name FOSTER, SANDRA
Address 16310 SHAQBARK PLACE
City-State-Zip: TAMPA FL 33618

Title TRUSTEE
Name DIXON, YONIECE M
Address 2117 CHESTNUT FOREST DR.
City-State-Zip: TAMPA FL 33618

Title TRUSTEE
Name NAGLE, SANDRA
Address 11807 LIPSEY RD
City-State-Zip: TAMPA FL 33618

Title TRUSTEE
Name BARBER, STEVEN D
Address 5003 PICKETT CT
City-State-Zip: TAMPA FL 33624

Title TRUSTEE
Name HALL, KEITH W
Address 9213 POST RD.
City-State-Zip: ODESSA FL 33556

Title TREASURER
Name BAKO, STEPHEN
Address 15521 WOODWAY DR.
City-State-Zip: TAMPA FL 33613

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I hereby 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 all other like empowered.

SIGNATURE: JAMES A. PERDUE

TRUSTEE, CHAIRMAN

04/30/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title TRUSTEE, SECRETARY
Name MASTERS, NYSSA CATHERINE
Address 12714 OAKLEAF AVE.
City-State-Zip: TAMPA FL 33612

Title TRUSTEE
Name EDWARDS, LEE
Address 14307 BELLEMONT PLACE
City-State-Zip: TAMPA FL 33624