

**2021 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  
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, SECRETARY  
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

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

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

**Continues on page 2**

*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: LEE EDWARDS**

**CHAIR, TRUSTEES**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name LANIGAN, ROBERT W  
Address 14048 TROUVILLE DR.  
City-State-Zip: TAMPA FL 33624