

**2013 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            PRESIDENT, TRUSTEE  
Name            HAY, PETER  
Address        14344 N ROME AVE  
City-State-Zip: TAMPA FL 33613

Title            TR  
Name            BENTLEY, LAURIE  
Address        1609 MAGDALENE MANOR DR.  
City-State-Zip: TAMPA FL 33613

Title            TR  
Name            COSTELLO, RANDY J  
Address        4810 TANNERY AVE.  
City-State-Zip: TAMPA FL 33624

Title            TRUSTEE, TREASURER  
Name            MILLER, STEPHEN K  
Address        4601 WHITE PINE LANE  
City-State-Zip: TAMPA FL 33624

Title            TRUSTEE, VP  
Name            BROWN, JANICE  
Address        7055 SILVERMILL DR.  
City-State-Zip: TAMPA FL 33635

Title            TRUSTEE  
Name            FORRESTER, BRIAN  
Address        19125 CYPRESS GREEN DR.  
City-State-Zip: LUTZ FL 33558

*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:** PETER HAY

**PRESIDENT, TRUSTEES**

**04/26/2013**

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

\_\_\_\_\_  
Date