

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760605

**Entity Name:** MAGDALENE GROVE CIVIC ASSOCIATION, INC.

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC0349841406**

**Current Principal Place of Business:**

12651 N. DALE MABRY HIGHWAY  
#270414  
TAMPA, FL 33688

**Current Mailing Address:**

12651 N. DALE MABRY HIGHWAY  
#270414  
TAMPA, FL 33688 US

**FEI Number: 59-2602517**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REDDING, RICK  
1219 LA BRAD LANE  
TAMPA, FL 33613 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: RICK REDDING**

**01/11/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REDDING, RICK  
Address        1219 LA BRAD LANE  
City-State-Zip: TAMPA FL 33613

Title            1ST VICE PRESIDENT  
Name            OSTOW, JUSTIN  
Address        1203 BEACON HILL DRIVE  
City-State-Zip: TAMPA FL 33613

Title            2ND VICE PRESIDENT  
Name            HIXON, MICHELLE  
Address        1205 LA BRAD LANE  
City-State-Zip: TAMPA FL 33613

Title            SECRETARY  
Name            EVANS, DALLAS  
Address        906 TERRA MAR DRIVE  
City-State-Zip: TAMPA FL 33613

Title            TREASURER  
Name            MARTIN, EDWARD  
Address        901 TERRA MAR DRIVE  
City-State-Zip: TAMPA FL 33613

Title            DIRECTOR OF PROGRAMS  
Name            OSBORNE, BETH  
Address        1007 TERRA MAR DRIVE  
City-State-Zip: TAMPA FL 33613

Title            ADVISOR TO BOARD  
Name            CAMPBELL, TOM  
Address        1221 MAGDALENE GROVE AVENUE  
City-State-Zip: TAMPA FL 33613

*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: EDWARD MARTIN**

**TREASURER**

**01/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date