

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760605

**Entity Name:** MAGDALENE GROVE CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**1207 LA BRAD LANE  
TAMPA, FL 33613**Current Mailing Address:**1207 LA BRAD LANE  
TAMPA, FL 33613 US**FEI Number:** 59-2602517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILMOUTH, JAMES  
1207 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:** JAMES WILMOUTH

03/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           DANIELS, LISA  
Address        1207 LA BRAD LANE  
City-State-Zip: TAMPA FL 33613

Title            SECRETARY  
Name           WILMOUTH, VICKIE  
Address        1223 LA BRAD LANE  
City-State-Zip: TAMPA FL 33613

Title            TREASURER  
Name           WILMOUTH, JAMES ROBERT  
Address        1223 LA BRAD LANE  
City-State-Zip: TAMPA FL 33613

Title            DIRECTOR OF PROGRAMS  
Name           HIXON, MICHELE  
Address        1205 LA BRAD LANE  
City-State-Zip: TAMPA FL 33613

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

Title            VP  
Name           VANASKIE, MICHAEL  
Address        1223 LA BRAD LANE  
City-State-Zip: TAMPA FL 33613

Title            SOCIAL COMMITTEE CHAIR  
Name           GILLISPIE, PAUL  
Address        1218 BEACON HILL DRIVE  
City-State-Zip: TAMPA FL 33613

Title            SOCIALCOMMITTEE CHAIR  
Name           GILLISPIE, GEORGE  
Address        1218 BEACON HILL DRIVE  
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 R. WILMOUTH

TREASURER

03/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	2ND VICE PRESIDENT
Name	GALVEZ, JOEY
Address	1214 MAGDALENE HILL DRIVE
City-State-Zip:	T FL 33613