

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000027

Entity Name: LAKE MAGDALENE UNITED METHODIST CHURCH, INC. EARLY CHILDHOOD CENTER

FILED
Feb 18, 2015
Secretary of State
CC3582427416

Current Principal Place of Business:

2902 FLETCHER AVENUE WEST
TAMPA, FL 33618-3261

Current Mailing Address:

2902 FLETCHER AVENUE WEST
TAMPA, FL 33618-3261 US

FEI Number: 59-3488520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, CYNTHIA B
2902 FLETCHER AVENUE WEST
TAMPA, FL 33618 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 DIRECTOR, CHAIRPERSON
Name SISCO, CINDY
Address 2902 FLETCHER AVENUE WEST
City-State-Zip: TAMPA FL 33618-3261

Title DIRECTOR
Name SANTORO, CARRIE
Address 2902 FLETCHER AVENUE WEST
City-State-Zip: TAMPA FL 33618-3261

Title DIRECTOR
Name FRIEDMAN, ADRIA
Address 2902 FLETCHER AVENUE WEST
City-State-Zip: TAMPA FL 33618-3261

Title DIRECTOR
Name BAKO, STEVEN
Address 2902 FLETCHER AVE, WEST
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name DIXON, YONIECE
Address 2902 FLETCHER AVENUE WEST
City-State-Zip: TAMPA FL 33618-3261

Title CENTER DIRECTOR
Name BURNS, CYNTHIA B.
Address 2902 FLETCHER AVENUE WEST
City-State-Zip: TAMPA FL 33618-3261

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: CYNTHIA B. BURNS

CENTER DIRECTOR

02/18/2015

Electronic Signature of Signing Officer/Director Detail

Date