

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000027

**FILED**  
**Mar 17, 2014**  
**Secretary of State**  
**CC4661367539**

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

**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  
Name SISCO, CINDY  
Address 2902 FLETCHER AVENUE WEST  
City-State-Zip: TAMPA FL 33618-3261

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

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

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

Title PASTOR  
Name BYERMAN, BRENT  
Address 2902 WEST FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name DIXON, YONIECE  
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**

**DIRECTOR**

**03/17/2014**

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

\_\_\_\_\_  
Date