

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713208

FILED
May 11, 2005
Secretary of State

Entity Name: MAGDALENE SHORES COMMUNITY, INC.

Current Principal Place of Business:

13515 GREENTREE DR.
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

13515 GREENTREE DR.
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3315594 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REDER, RANDALL
2304 CAPE BEND AVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUELLER, DAVID E
Address: 13515 GREENTREE DR.
City-St-Zip: TAMPA, FL

Title: VPD () Delete
Name: OLEJNICZAK, ED
Address: 13808 SHADY SHORES
City-St-Zip: TAMPA, FL 33613

Title: TD () Delete
Name: OLSON, CLYDE
Address: 13503 LITTLE LAKE RD
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: REDER, NANCY
Address: 2304 CAPE BEND AVE.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID E. MUELLER

PRES

05/11/2005

Electronic Signature of Signing Officer or Director

Date