2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718119

FILED Apr 28, 2009 Secretary of State

Entity Name: LAKE MAGDALENE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2902 W. FLETCHER AVE. TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 2902 W. FLETCHER AVE. TAMPA, FL 33618 FEI Number: 59-0931265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAIN, HILARY K 18720 CHAVILLE RD. LUTZ, FL 33558 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: TR/V (X) Change () Addition () Delete BROWN, JANICE B BROWN, JANICE B Name: Name: 7055 SILVERMILL DR. Address: 7055 SILVERMILL DR. Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635 Title: () Delete Title: (X) Change () Addition HICKMAN, JAMES H Name: MCKEOWN, COREY O Name: Address: 12401 N 22ND ST., APT G603 Address: 3312 VALENCIA RD. City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: () Change () Addition SUNDERLAND, JANE Name: Name: 2604 COZUMEL DR. Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: (X) Change () Addition Title: TR/S () Delete Title: TR Name: BEARSS, LOUISE Name: BROWN, JESSE G 1706 W. FORE DR. Address: 14219 LAKE MAGDALENE BLVD Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33612 Title: TR/P () Delete Title: (X) Change () Addition HAY, PETER SAUNDERS, STEVEN Name: Name: 15701 SPRINGMOSS LANE Address: 14344 ROME AVE Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33624 Title: () Delete Title: () Change () Addition MILLER, STEPHEN K Name: Name: Address: 4601 WHITE PINE LANE Address: TAMPA, FL 33624 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JANICE B. BROWN TR/P 04/28/2009