

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N95000004191 (1)**

1. Corporation Name

LAKE MAGDALENE SCHOOL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**LAKE MAGDALENE SCHOOL
2002 PINE LAKE DR.
TAMPA FL 33613**

**LAKE MAGDALENE SCHOOL
2002 PINE LAKE DR.
TAMPA FL 33613**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1995		3a. Date of Last Report	
21		26		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANEY, RICHARD
LAKE MAGDALENE SCHOOL
2002 PINE LAKE DR.
TAMPA FL 33613**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MANEY, RICHARD H 615 SHELLCRACKER CT. TAMPA FL 33613	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	VD NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VAUGHAN, DAVID 12018 N. OREGON AVE. TAMPA FL 33612	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	D NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STARK, JAY III 1908 W. MEADOWBROOK AVE. TAMPA FL 33612	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	SD NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	HOLT, TIM 10801 N. NEWPORT AVE. TAMPA FL 33612	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	TD NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BERGER, ROBERT 13901 SEAFORTH MN WAY TAMPA FL 33613	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

813 221-1366

CR2E037 (12/95)