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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90089 069 ****61.25

04-01-1999 90089 070 *****8.75

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002399

1. Corporation Name

LAKE MAGDALENE UNITED METHODIST CHURCH, INC. FOUNDATION

Principal Place of Business

2902 W FLETCHER AVE
TAMPA FL 33618

Mailing Address

2902 W FLETCHER AVE
TAMPA FL 33618



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3553574

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

23

28

24

25

Country

29

30

Country

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUNDERLAND, JAMES
2902 W FLETCHER AVE
TAMPA FL 33618

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 617.1508, 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 D ☐ DELETE

NAME GROVE, STEVEN W
STREET ADDRESS 9610 DUNSCROFT LANE
CITY-ST-ZIP TAMPA FL 33626

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME EURICH, MICHAEL
STREET ADDRESS 6807 MITCHELL CIRCLE
CITY-ST-ZIP TAMPA FL 33634

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME HUSS, JACK
STREET ADDRESS 813 TARAY DE AVILA
CITY-ST-ZIP TAMPA FL 33612

3.1 TITLE ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME MATHIAS, RICHARD
STREET ADDRESS 11716 LIPSEY RD
CITY-ST-ZIP TAMPA FL 33618

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME FLYNN, AL
STREET ADDRESS 17921 HOLLY BROOK DRIVE
CITY-ST-ZIP TAMPA FL 33647

5.1 TITLE ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME HOLMES, ELAINE
STREET ADDRESS 12410 OAKLEAF AVE
CITY-ST-ZIP TAMPA FL 33647

6.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE:

Steven W Grove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.11.99

727/572-1400

Date

Daytime Phone #

CR2E037 (11/98)