


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90362 014 \*\*\*\*61.25

<b>DOCUMENT # 704292</b> 1. Entity Name <b>EDGE MEMORIAL METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>441 S MAIN ST. P O BOX 87 GROVELAND, FL 34736</b>			Mailing Address <b>441 S MAIN ST. P O BOX 87 GROVELAND, FL 34736</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-0900989</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LAW, JULIA R 250 SOUTH MAIN AVE GROVELAND, FL 34736</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FLEETWOOD, CHRISTY</b>		NAME		
STREET ADDRESS	<b>911 S. IOWA AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, MIKE</b>		NAME		
STREET ADDRESS	<b>252 W. SUNSET STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>TURNER, GLENN</b>		NAME	<b>H. C. DeValve</b>	
STREET ADDRESS	<b>5432 PLEASURE GROVE LANE</b>		STREET ADDRESS	<b>3507 Tenby Circle</b>	
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>		CITY-ST-ZIP	<b>Clermont, FL 34711</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILBANKS, JEANNE</b>		NAME		
STREET ADDRESS	<b>15525 SEYMOUR LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MONK, TERRY</b>		NAME		
STREET ADDRESS	<b>PO BOX 592</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHITELEY, JOHN</b>		NAME		
STREET ADDRESS	<b>259 PALMETTO STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MASCOTTE, FL 34753</b>		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Christy Fleetwood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/17/05</b> <i>352-429-2183</i> <small>Date Daytime Phone #</small>		

**50041337**



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