2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 704292

Entity Name: EDGE MEMORIAL METHODIST CHURCH, INC.

Current Principal Place of Business:

441 S MAIN ST.
P O BOX 87
GROVELAND, FL 34736

New Principal Place of Business:

441 S MAIN ST.
GROVELAND, FL 34736

Current Mailing Address:

441 S MAIN ST.
P O BOX 87
GROVELAND, FL 34736

New Mailing Address:

PO BOX 87
GROVELAND, FL 34736

FEI Number: 59-0900989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW, JULIA R
250 SOUTH MAIN AVE
GROVELAND, FL 34736 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: D ( ) Delete
Name: WILLIAMS, MIKE
Address: 252 W. SUNSET STREET
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete
Name: TURNER, GLENN
Address: 5432 PLEASURE GROVE LANE
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete
Name: WILBANKS, JEANNE
Address: 15525 SEYMOUR LANE
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete
Name: MONK, TERRY
Address: PO BOX 592
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Delete
Name: GIACHETTI, ROBIN
Address: 11248 WHOOPERS RUN
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLEETWOOD, CHRISTY
Address: 1453 WHOOPING DRIVE
City-St-Zip: GROVELAND, FL 34736

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

Title: D (X) Change ( ) Addition
Name: GIACHETTI, ROBIN
Address: 11248 WHOOPERS RUN
City-St-Zip: CLERMONT, FL 34711

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 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: TERRY MONK D 04/29/2009

Electronic Signature of Signing Officer or Director — Date