

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90012 050 ****61.25



DOCUMENT # 707361

1. Entity Name

THE THOMAS A. EDISON CONGREGATIONAL CHURCH,
INC.

Principal Place of Business

1619 LLEWELLYN DR
FT MYERS FL 33901
US

Mailing Address

1619 LLEWELLYN DR
FT MYERS FL 33901
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6134208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

POWELL, JON
65775 SANDSPAR LANE
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

JOHN A. BUCH

Street Address (P.O. Box number is Not Acceptable)

1383 SAUTERN DR

City

FORT MYERS

FL

Zip Code

33919

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

John A. Buch TEE

(NOTE: Registered Agent signature required when registering)

JAN 23, 2007

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUCH, JOHN A	
STREET ADDRESS	1383 SAUTERN DR	
CITY- ST- ZIP	FT MYERS FL 33919	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WALSH, DONALD P	
STREET ADDRESS	3704 BROADWAY 121B	
CITY- ST- ZIP	FORT MYERS FL 33901	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, JON L	
STREET ADDRESS	6577 SANDSPAR LANE	
CITY- ST- ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

John A. Buch TEE/TREAS JOHN A. BUCH

1-23-07 (299)481-469