

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90075 033 ****61.25

0002702

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 733507

1. Corporation Name

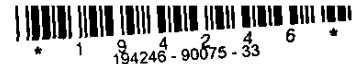
**THE EDGEWATER CHURCH OF THE CHRISTIAN AND MISSIO
NARY ALLIANCE, INC.**

Principal Place of Business

310 N. RIDGEWOOD AVE.
EDGEWATER FL 32132
US

Mailing Address

310 N. RIDGEWOOD AVENUE
EDGEWATER FL 32132
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/06/1975

4. FEI Number

59-1995859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MORIN, DANIEL J.
2610 LIME TREE DRIVE
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name **Perry, John R.**
82 Street Address (P.O. Box Number is Not Acceptable)
2616 Willow Oak Dr.
83
84 City **Edgewater** FL 85 Zip Code **32141**

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 **John R. Perry** **John R. Perry Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **HUNTER, GREIG**
STREET ADDRESS **1728 ORANGE TREE DRIVE**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **TD** ☒ DELETE
NAME **MORIN, DANIEL J.**
STREET ADDRESS **2610 LIME TREE DRIVE**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **SD** ☐ DELETE
NAME **LANE, MERRIE BETH**
STREET ADDRESS **232 N. RIDGEWOOD AVENUE NO. 5**
CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Parmenter, Raymond**
1.3 STREET ADDRESS **1819 Orange Tree Dr.**
1.4 CITY-ST-ZIP **Edgewater, FL 32132**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Perry, John R.**
2.3 STREET ADDRESS **2616 Willow Oak Dr.**
2.4 CITY-ST-ZIP **Edgewater, FL 32141**

3.1 TITLE **Tr** ☐ Change ☒ Addition
3.2 NAME **Smith, Woody**
3.3 STREET ADDRESS **725 Ingham**
3.4 CITY-ST-ZIP **Edgewater, FL 32132**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE: **John R. Perry** **2-20-99** **(904)252-5019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)