

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90782 009 ****61.25

DOCUMENT # 733507

1. Entity Name

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

Principal Place of Business

Mailing Address

**310 N. RIDGEWOOD AVE.
 EDGEWATER FL 32132
 US**

**310 N. RIDGEWOOD AVENUE
 EDGEWATER FL 32132
 US**

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

59-1995859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, JOHN R
 2616 WILLOW OAK DRIVE
 EDGEWATER FL 32141**

Name **Dennard, Nancy**

Street Address (P.O. Box Number is Not Acceptable)
2014 Needle Palm Drive

City **Edgewater**

FL

Zip Code
32141

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.

SIGNATURE

Nancy Dennard

3/11/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
 NAME **PARMENTER, RAYMOND**
 STREET ADDRESS **1819 ORANGE TREE DRIVE**
 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **~~VPD~~** ☒ Change ☐ Addition
 NAME **Parmenter, Raymond**
 STREET ADDRESS **1819 Orange Tree Dr**
 CITY-ST-ZIP **Edgewater, FL 32132**

TITLE **TD** ☐ Delete
 NAME **PERRY, JOHN R**
 STREET ADDRESS **2616 WILLOW OAK DRIVE**
 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **~~TD~~** ☐ Change ☐ Addition
 NAME **~~Perry, John R~~**
 STREET ADDRESS **~~2616 Willow Oak Drive~~**
 CITY-ST-ZIP **~~Edgewater FL 32141~~**

TITLE **S** ☒ Delete
 NAME **NEGEDLY, ERICA**
 STREET ADDRESS **1886 SOUTH AIRPARK RD.**
 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **S** ☒ Change ☐ Addition
 NAME **Dennard, Nancy**
 STREET ADDRESS **2014 Needle Palm Drive**
 CITY-ST-ZIP **Edgewater FL 32141**

TITLE **TR** ☒ Delete
 NAME **HUNTER, GRAIG**
 STREET ADDRESS **1728 ORANGE TREE DR.**
 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **CD** ☐ Change ☒ Addition
 NAME **FOLDY, TIMOTHY**
 STREET ADDRESS **2919 Willow Oak Drive**
 CITY-ST-ZIP **Edgewater, FL 32141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Nancy Dennard

3/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)