

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 733507

1. Entity Name
**THE EDGEWATER CHURCH OF THE CHRISTIAN AND
MISSIONARY ALLIANCE, INC.**



Principal Place of Business
**310 N. RIDGEWOOD AVE.
EDGEWATER, FL 32132 US**

Mailing Address
**310 N. RIDGEWOOD AVENUE
EDGEWATER, FL 32132 US**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1995859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCQUILLIAN, KYLE
299 CASA GRANDE
EDGEWATER, FL 32141**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000042374
02/10/04-80021-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PARMENTER, RAYMOND 1819 ORANGE TREE DRIVE EDGEWATER, FL 32132
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PERRY, JOHN R 2616 WILLOW OAK DRIVE EDGEWATER, FL 32141
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCQUILLEN, KYLE 299 CASA GRANDE EDGEWATER, FL 32141
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FOLDY, TIMOTHY 2919 WILLOW OAK DRIVE EDGEWATER, FL 32141
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kyle McQuillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-04 386-427-0385

Date

Daytime Phone #