

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Feb 21, 2008 08:00 AM
Secretary of State



02192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MCQUILLEN, 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 restate)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000834433
02/28/08-80053-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	GODFREY, MICHAEL J
STREET ADDRESS	2419 VISTA PALM
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	SV
NAME	MEEHL, LINDA
STREET ADDRESS	2876 TURNBULL BAY RD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	CD
NAME	FOLDY, TIMOTHY
STREET ADDRESS	2919 WILLOW OAK DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VPD
NAME	DAVIS, DENNY
STREET ADDRESS	310 EAGLES EYE CT
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* Head Elder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

386-427-0385

Daytime Phone #