FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748299** **(5)**

1. Corporation Name

EDGEWOOD UNITED METHODIST CHURCH OF FORT MYERS

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
900 FREEMONT STREET FORT MYERS FL 33916	900 FREEMONT STREET FORT MYERS FL 33916

3. Date Incorporated or Qualified: **07/31/1979**
3a. Date of Last Report: **06/16/1994**
4. FEI Number: **65-0048828** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BOARDMAN, HOLLIS D.
3255 SEMINOLE AVE
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	CLUTZ, CLARENCE	12 NAME	
STREET ADDRESS	2165 DELTA ST	13 STREET ADDRESS	
CITY ST ZIP	FT MYERS, FL 00000	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	CLEMENT, L. M.	22 NAME	
STREET ADDRESS	210 MANOR PKWAY.	23 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VANZEE, MEL	32 NAME	
STREET ADDRESS	1016 SUPERIOR ST #124	33 STREET ADDRESS	
CITY ST ZIP	FT MYERS, FL 00000	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NEUBERT, MARTY.	42 NAME	
STREET ADDRESS	231 OKLAHOMA AVE.	43 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ATKINS, HENRY	52 NAME	
STREET ADDRESS	4055 IROQUOIS AVE	53 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	~~WETT~~, ALICE	62 NAME	Moffitt, Margaret
STREET ADDRESS	15797 SHORELINE BLVD.	63 STREET ADDRESS	3360 Apache St
CITY ST ZIP	NORTH FT. MYERS FL	64 CITY ST ZIP	Ft Myers Fl 33901

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 on an attachment with an address.

SIGNATURE: Hollis D Boardman — 4/25/95 — 941-337-5388
SIGNATURE AND TYPED OR PRINTED NAME OF MGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000030