

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 748299 (5)  
1. Corporation Name

EDGEWOOD UNITED METHODIST CHURCH OF FORT MYERS



Principal Place of Business Mailing Address  
930 FREEMONT STREET 930 FREEMONT STREET  
FORT MYERS FL 33916 FORT MYERS FL 33916

3. Date Incorporated or Qualified 07/31/1979 3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0048828	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	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

81. Name	RUDY HERRINGTON
82. Street Address (P.O. Box Number is Not Acceptable)	3255 SEMINOLE AVE
83.	
84. City	FT MYERS
85. Zip Code	FL 33916

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when removing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	CLUTZ, CLARENCE	
STREET ADDRESS	2165 DELTA ST	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CLEMENT, L. M.	
STREET ADDRESS	210 MANOR PKWAY.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANZEE, MEL	
STREET ADDRESS	1016 SUPERIOR ST #124	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEUBERT, MARTY.	
STREET ADDRESS	231 OKLAHOMA AVE.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINS, HENRY	
STREET ADDRESS	4055 IROQUOIS AVE	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOFFITY, MARGARET	
STREET ADDRESS	3360 APACHE ST	
CITY - ST - ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D CLEMENT, L. M.
2.3 STREET ADDRESS	210 MANOR PKWAY
2.4 CITY - ST - ZIP	FT MYERS FL 33916
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P NEUBERT, MARTY
4.3 STREET ADDRESS	231 OKLAHOMA AVE
4.4 CITY - ST - ZIP	FT MYERS FL 33905
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTY NEUBERT

(DATE)

Daytime Phone

3-24-96

CR2E037 (12/95)