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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
FORT MYERS FL 33916930 FREEMONT STREET  
FORT MYERS FL 33916-14443. Date Incorporated or Qualified  
07/31/19793a. Date of Last Report  
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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29

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4. FEI Number  
65-0048828Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRINGTON, RUDY  
3255 SEMINOLE AVE  
FT. MYERS FL 33916

81 Name MARY ELLEN LANOUÉ

82 Street Address (P.O. Box Number is Not Acceptable)  
3255 SEMINOLE AVE

83

84 City FT MYERS

FL 85 Zip Code 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☐ DELETE  
NAME CLUTZ, CLARENCE  
STREET ADDRESS 2165 DELTA ST  
CITY-ST-ZIP FT MYERS, FL 000001.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME KOPYTA, JOHN  
1.3 STREET ADDRESS 3741 MADISON AVE  
1.4 CITY-ST-ZIP FT MYERS, FLA 33916TITLE D ☐ DELETE  
NAME CLEMENT, L.M.  
STREET ADDRESS 210 MANOR PKWY  
CITY-ST-ZIP FT. MYERS FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME VANZEE, MEL  
STREET ADDRESS 1016 SUPERIOR ST #124  
CITY-ST-ZIP FT MYERS, FL 000003.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE P ☐ DELETE  
NAME NEUBERT, MARTY  
STREET ADDRESS 231 OKLAHOMA AVE.  
CITY-ST-ZIP FT. MYERS FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME ATKINS, HENRY  
STREET ADDRESS 4055 IROQUOIS AVE  
CITY-ST-ZIP FT MYERS FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME MOFFITT, MARGARET  
STREET ADDRESS 3380 APACHE ST  
CITY-ST-ZIP FT MYERS FL6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: CLARENCE CLUTZ

1-12-97 (941) 9350814

Date: Daytime Phone # 0056828

CR2E037 (9/96)