

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90093 024 \*\*\*\*61.25

0060682

**DOCUMENT # 748299**

1. Corporation Name

**EDGEWOOD UNITED METHODIST CHURCH OF FORT MYERS**

Principal Place of Business

**930 FREEMONT STREET  
FORT MYERS FL 33916**

Mailing Address

**930 FREEMONT STREET  
FORT MYERS FL 33916**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**07/31/1979**

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

9. Name and Address of Current Registered Agent

**LANOUE, MARY ELLEN  
3255 SEMINOLE AVE  
FT. MYERS FL 33916**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

T ☐ DELETE  
NAME **CLUTZ, CLARENCE**  
STREET ADDRESS **2165 DELTA ST**  
CITY-ST-ZIP **FT MYERS, FL 00000**

D ☐ DELETE  
NAME **CLEMENT, L.M.**  
STREET ADDRESS **210 MANOR PKWY**  
CITY-ST-ZIP **FT. MYERS FL**

D ☐ DELETE  
NAME **VANZEE, MEL**  
STREET ADDRESS **1016 SUPERIOR ST #124**  
CITY-ST-ZIP **FT MYERS, FL 00000**

P ☐ DELETE  
NAME **NEUBERT, MARTY**  
STREET ADDRESS **231 OKLAHOMA AVE.**  
CITY-ST-ZIP **FT. MYERS FL**

D ☒ DELETE  
NAME **ATKINS, HENRY**  
STREET ADDRESS **4055 IROQUOIS AVE**  
CITY-ST-ZIP **FT MYERS FL**

D ☐ DELETE  
NAME **WOOTEN, DELMAR**  
STREET ADDRESS **6805 AUTUM CT**  
CITY-ST-ZIP **FT MYERS FL 33903**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **STONE, WILLARD**  
1.3 STREET ADDRESS **1016 SUPERIOR ST # 169**  
1.4 CITY-ST-ZIP **FT MYERS, FL 33916**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Clarence A. Clutz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)