


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90078 029 \*\*\*\*61.25

<b>DOCUMENT # 748299</b>						
<b>1. Entity Name</b> EDGEWOOD UNITED METHODIST CHURCH OF FORT MYERS						
<b>Principal Place of Business</b> 930 FREEMONT STREET FORT MYERS, FL 33916			<b>Mailing Address</b> 930 FREEMONT STREET FORT MYERS, FL 33916			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0048828		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>		
<b>5. Name and Address of Current Registered Agent</b> VERNON, PAUL 545 WILDWOOD PKWY CAPE CORAL, FL 33904				<b>7. Name and Address of New Registered Agent</b>		
Name				Street Address (P.O. Box Number is Not Acceptable)		
City				FL Zip Code		
<b>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.</b>						
<b>SIGNATURE</b>		PASTOR PAUL VERNON		1 APRIL 04		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> CLUTZ, CLARENCE 2165 DELTA STREET FORT MYERS, FL 33907		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MEL VANZEE 1016 SUPERIOR ST FT. MYERS, FL 33916	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> MCDANIEL, JAMES 3720 HYDE PARK DR. FORT MYERS, FL 33905		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	FRED TREDINICK 17101 CAROLYN LN N. Ft. MYERS FL 33917	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> HENDRY, CHARLES 1308 THOMPSON ST NW FORT MYERS, FL 33903		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DAWN MATHEWS 3867 EDGEWOOD AVE Ft. MYERS, FL 33916	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> STONE, WILLARD 1016 SUPERIOR ST. 169 FT MYERS, FL 33916		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> NEUBERT, MARTY 231 OKLAHOMA AVE. FORT MYERS, FL 33905		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. 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 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.</b>						
<b>SIGNATURE:</b> James M. McDaniel, Treasurer				3/31/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		

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