## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748299** 

FILED Apr 28, 2006 Secretary of State

Entity Name: EDGEWOOD UNITED METHODIST CHURCH OF FORT MYERS

**Current Principal Place of Business: New Principal Place of Business:** 930 FREEMONT STREET FORT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 930 FREEMONT STREET FORT MYERS, FL 33916 FEI Number: 65-0048828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VERNON, PAUL 545 WILDWOOD PKWY CAPE CORAL, FL 33904 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CLUTZ, CLARENCE HERSHEY, RAY MR Name: Name: 2165 DELTA STREET Address: 12526 DAVIS BOULEVARD Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33905 Title: () Delete Title: (X) Change ( ) Addition MCDANIEL, JAMES Name: VERNON, AARON MR Name: Address: 3720 HYDE PARK DR. Address: 3255 SEMINOLE AVENUE City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33916 Title: () Delete Title: (X) Change ( ) Addition VANZEE, MEL SMITH, ARTHUR MR Name: Name: 1016 SUPERIOR ST. 3393 EDGEWOOD AVENUE Address: Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33916 Title: () Delete Title: (X) Change ( ) Addition Μ Name: STONE, WILLARD Name: KRUMPE, DANIEL MR 1016 SUPERIOR ST. 169 2021 NE 5TH AVENUE Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: CAPE CORAL, FL 33909 Title: () Delete Title: (X) Change ( ) Addition NEUBERT, MARTY NEUBERT, MARTIN MR Name: Name: 231 OKLAHOMA AVE. 231 OKLAHOMA AVE. Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905 Title: () Delete Title: ( ) Change (X) Addition MOFFITT, MARGARET MRS Name: Name: Address: Address: 3360 APACHE STREET FORT MYERS, FL 33916 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL VERNON AGEN 04/28/2006