

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90227 048 ****61.25

DOCUMENT # 748299

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0048828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERNON, PAUL
545 WILDWOOD PKWY
CAPE CORAL FL 33904**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and date, if applicable

PAUL VERNON

March 28, 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **CLUTZ, CLARENCE**
STREET ADDRESS **2185 DELTA STREET**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCDANIEL, JAMES**
STREET ADDRESS **5237 7 RED CEDAR DR**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D** ☒ Change ☐ Addition
NAME **MCDANIEL, JAMES**
STREET ADDRESS **3720 HYDE PARK DR**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **D** ☐ Delete
NAME **HENDRY, CHARLES**
STREET ADDRESS **1308 THOMPSON ST NW**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **STONE, WILLARD**
STREET ADDRESS **1016 SUPERIOR ST 169**
CITY-ST-ZIP **FT MYERS FL 33916**

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

TITLE **D** ☒ Delete
NAME **WOOTEN, DELMAR**
STREET ADDRESS **6805 AUTUM CT**
CITY-ST-ZIP **FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NEUBERT, MARTY**
STREET ADDRESS **231 OKLAHOMA AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **P** ☒ Change ☐ Addition
NAME **NEUBERT, MARTY**
STREET ADDRESS **231 OKLAHOMA AVE**
CITY-ST-ZIP **FT MYERS, FL 33905**

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 empowers.

SIGNATURE:

CLARENCE A. CLUTZ

MM 28 2003 239-9390814

CR2E037 (10/02)