

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004786

FILED
Jan 06, 2007
Secretary of State

Entity Name: EDGEWATER CHURCH, INC.

Current Principal Place of Business:

1723 E. COBBLESTONE LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1723 E. COBBLESTONE LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-3125674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHINE, MICHAEL J.
1723 E. COBBLESTONE LANE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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:

Title: TP () Delete
Name: RHINE, MICHAEL J.
Address: 1723 E. COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TS () Delete
Name: RHINE, VICTORIA W.
Address: 1723 E. COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TVP () Delete
Name: SLOAN, WILLIAM B.
Address: 110 SOUTHERN BRIDGE BLVD UNIT 1
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TVP (X) Change () Addition
Name: SLOAN, WILLIAM B
Address: 269 PORTA ROSA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Change (X) Addition
Name: SLOAN, LAURIE
Address: 269 PORTA ROSA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: MICHAEL J. RHINE

TP

01/06/2007

Electronic Signature of Signing Officer or Director

_____ Date