

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N44016** (6)

1. Corporation Name

EDGEWATER UNITED METHODIST CHURCH, INC.

95 MAR 15 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 18350 EDGEWATER DRIVE MURDOCK FL 33948	Mailing Address 18350 EDGEWATER DRIVE P.O. BOX 218 MURDOCK FL 33938-0219 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28 18350 Edgewater Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26 Port Charlotte, Fla.
Zip 24	Country 25
	Zip 29 33948
	Country 30 Charlotte

3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 02/14/1994
4. FEI Number 65-0235009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GAY, HERBERT W SR.
227 TAIT TERRACE
PT. CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name Doster, Betty Gissendanner
82 Street Address (P.O. Box Number is Not Acceptable) 14399 Maddock Avenue
83 City Port Charlotte, Florida
84 State FL
85 Zip Code 33953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Betty Gissendanner - Doster (BETTY GISSENDANNER-DOSTER) DATE 02/28/95

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GAY, HERBERT W SR. 227 TAIT TERRACE PT. CHARLOTTE FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACHMANN, DORIS 407 NEW YORK AVE NE PT CHARLOTTE FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRAW, MARGARET 2084 PELLAM BLVD PT CHARLOTTE FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILY, BILL 257 STEBBINS TERR PT CHARLOTTE FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINDALE, JAN 18523 GOODMAN CIR PT. CHARLOTTE FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYERS, GLENN 18248 PINE BLUFF PT CHARLOTTE FL 33948

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T/C Doster, Betty Gissendanner 14399 Maddock Avenue Port Charlotte, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/C Neiman, John 772 Forest Hill Lane Port Charlotte, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Betty Gissendanner - Doster February 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BETTY GISSENDANNER-DOSTER (813) 625-4149

Additional Trustees for 1995

Title: T

Name: Wilttrout, Edward C.
Address: 18446 Elgin Ave
Port Charlotte, FL 33948

Title: T

Name: Clifford Eisaman

address: 190 Norman St.
Port Charlotte, FL 33954