## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N44016

(6)

EDGEWATER UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

18350 EDGEWATER DRIVE

18350 EDGEWATER DRIVE



MURDOCK FL 33948			MURDOCK FL 33938-0219 US										
								3. 1	Date Incorporated or Qualified 06/24/1991	3a. Date of 03/1		t Report <b>1995</b>	
2. Principal Place of Business			2a	Mailing Address			4.	4. FEI Number			Applied For		
21			26	.]				65-0235009			_	Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired Service Fee Required					
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				00 May Be	
23	3			Port Charlotte F.			a.33948		Trust Fund Contribution			Added to Fees	
	Zip	Country		Zip		Country	/	8.	This corporation has liability for int	tangible tax unc	er:	s. 199.032,	
24		25	29	33948	30	Cha	rlotte		Florida Statutes				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
						81	1 Name						
Doster, Betty G 14399 Maddock Avenue Pt. Charlotte FL 33953							Street Address (P.O. Box Number is Not Acceptable)						
						84	City			FL 85	Ž	zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.													
SI	SIGNATURE												
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE												
12. OFFICERS AND DIRECTORS				_]_	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			ORS IN 12					

PICNATURE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE											
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	DRS IN 12						
TITLE NAME STREET ADDRESS	TC DOSTER, BETTY G 14399 MADDOCK AVENUE	ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Ed Wiltrout 18446 ElginAvenue Port Charlotte,Fla. 33948	Change	Addition						
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 City-St-ZiP		<del></del>	- 200						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TC NEIMAN, JOHN 772 FOREST HILL LANE PT CHARLOTTE FL	2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-Zip	T Robert West 131 Aurora Street Port Charlotte, F1, 33948	Change	XX Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELE MCGRAW, MARGARET 2064 PELLAM BLVD PT CHARLOTTE FL	3.1 TITLE 3.2 NAME 3.3 STARET ADDRESS 3.4, CITY-ST-ZIP	T Keith Halford 119 Aurora Street Port Charlotte, F1. 33948	☐ Change	<b>∑</b> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOELE BAILY, BILL. 257 STEBBINS TERR PT CHARLOTTE FL	TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Viva R. McNeill 1214 Dewhurst Street Port Charlotte,F1. 33952	☐ Change	<b>⊠</b> Addition						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T KIDELE MARTINDALE, JAN 18523 GOODMAN CIR PT. CHARLOTTE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T Nancy Turner 27325 Guapore Drive Port Charlotte, F1. 33983	☐ Change	X Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELE MEYERS, GLENN 19246 PINE: BLUFF PT CHARLOTTE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T Clifford Eisaman 190 Norman Street Port Charlotte, Florida 3	Change	X 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 119.07(3)(k). 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 chapged, or our an attachment with an address.

SIGNATURE:

**SIGNATURE:**