

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44016 (6)
1. Corporation Name
EDGEWATER UNITED METHODIST CHURCH, INC.



Principal Place of Business: **18350 EDGEWATER DRIVE MURDOCK FL 33948**
Mailing Address: **18350 EDGEWATER DRIVE MURDOCK FL 33938-0219 US**

3. Date Incorporated or Qualified: **06/24/1991**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **65-0235009**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fees Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOSTER, BETTY G
14399 MADDOCK AVENUE
PT. CHARLOTTE FL 33953**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE: TC <input type="checkbox"/> DELETE	NAME: DOSTER, BETTY G
STREET ADDRESS: 14399 MADDOCK AVENUE	CITY-ST-ZIP: PT. CHARLOTTE FL
TITLE: TC <input type="checkbox"/> DELETE	NAME: NEIMAN, JOHN
STREET ADDRESS: 772 FOREST HILL LANE	CITY-ST-ZIP: PT CHARLOTTE FL
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: MCGRAW, MARGARET
STREET ADDRESS: 2064 PELLAM BLVD	CITY-ST-ZIP: PT CHARLOTTE FL
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: BAILY, BILL
STREET ADDRESS: 257 STEBBINS TERR	CITY-ST-ZIP: PT CHARLOTTE FL
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: MARTINDALE, JAN
STREET ADDRESS: 18523 GOODMAN CIR	CITY-ST-ZIP: PT. CHARLOTTE FL
TITLE: T <input type="checkbox"/> DELETE	NAME: MEYERS, GLENN
STREET ADDRESS: 19246 PINE BLUFF	CITY-ST-ZIP: PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Ed Wiltrout
1.2 NAME: Ed Wiltrout	1.3 STREET ADDRESS: 18446 Elgin Avenue
1.4 CITY-ST-ZIP: Port Charlotte, Fla. 33948	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: T Robert West	2.3 STREET ADDRESS: 131 Aurora Street
2.4 CITY-ST-ZIP: Port Charlotte, Fl. 33948	3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: T Keith Halford	3.3 STREET ADDRESS: 119 Aurora Street
3.4 CITY-ST-ZIP: Port Charlotte, Fl. 33948	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: T Viva R. McNeill	4.3 STREET ADDRESS: 1214 Dewhurst Street
4.4 CITY-ST-ZIP: Port Charlotte, Fl. 33952	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: T Nancy Turner	5.3 STREET ADDRESS: 27325 Guapore Drive
5.4 CITY-ST-ZIP: Port Charlotte, Fl. 33983	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: T Clifford Eisaman	6.3 STREET ADDRESS: 190 Norman Street
6.4 CITY-ST-ZIP: Port Charlotte, Florida 33954	

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 changed, or on an attachment with an address.

SIGNATURE: *Betty Doster* **4/27/96** 941 625-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)