

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 PORT CHARLOTTE FL 33948-7416 US
--	---

3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 05/01/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DOSTER, BETTY G
14399 MADDOCK AVENUE
PT. CHARLOTTE FL 33953**

10. Name and Address of New Registered Agent

81 Name WILTROUT, EDWARD C.
82 Street Address (P.O. Box Number is Not Acceptable) 18446 ELGIN AVENUE
83
84 City PORT CHARLOTTE
85 Zip Code FL 33948

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 Edward C. Wiltrout **CHAIRMAN BOARD OF TRUSTEE** 3/11/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSTER, BETTY G	1.2 NAME	WILTROUT, EDWARD C
STREET ADDRESS	14399 MADDOCK AVENUE	1.3 STREET ADDRESS	18446 ELGIN AVENUE
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	TC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIMAN, JOHN	2.2 NAME	NEIMAN, SARAH
STREET ADDRESS	772 FOREST HILL LANE	2.3 STREET ADDRESS	1515 FORREST NELSON #E106
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH HALFORD	3.2 NAME	BENNETT, MARGARET
STREET ADDRESS	119 AURORA ST	3.3 STREET ADDRESS	21351 BASSETT AVENUE
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIVA A. MCNEILL	4.2 NAME	MCGRAW, MARGARET
STREET ADDRESS	1214 DEWHURST ST	4.3 STREET ADDRESS	2064 PELLAM BLVD.
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	PT. CHARLOTTE, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY TURNER	5.2 NAME	DENTON, STANLEY
STREET ADDRESS	27325 GUAPORE DR	5.3 STREET ADDRESS	22188 LASALLE ROAD
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	PT. CHARLOTTE, FL
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	TC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERS, GLENN	6.2 NAME	DAHLKE, CHUCK
STREET ADDRESS	19246 PINE BLUFF	6.3 STREET ADDRESS	18451 LOCKLANE AVENUE
CITY-ST-ZIP	PT CHARLOTTE FL	6.4 CITY-ST-ZIP	PT. CHARLOTTE, FL

14. I do 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 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.

CR2E037 (9/96)

TRUSTEE'S FOR 1997

ADDITIONAL NAME FOR NON-PROFIT ORGANIZATION FILING:

Title: T
Name: BUTLER, FRANK
Address: 21296 HIGGS DRIVE, N.E.
PT. CHARLOTTE, FL