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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 US

3. Date Incorporated or Qualified: 06/24/1991
4. FEI Number: 65-0235009
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: WILTROUT, EDWARD C, 18445 ELGIN AVE., PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	CTR
NAME	WILTROUT, EDWARD C	1.2 NAME	
STREET ADDRESS	18446 ELGIN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	Russel willis
NAME	NEIMAN, SARAH	2.2 NAME	
STREET ADDRESS	1515 FORREST NELSON STE E108	2.3 STREET ADDRESS	2040 Mazatlan Rd.
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Punta Gorda, FL 33983
TITLE	T	3.1 TITLE	T
NAME	KEITH HALFORD	3.2 NAME	Valerie Selley
STREET ADDRESS	119 AURORA ST	3.3 STREET ADDRESS	17056 Kelllog Ave
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	Port Charlotte, FL 33954
TITLE	T	4.1 TITLE	C-Administrative Board
NAME	MCGRAW, MARGARET	4.2 NAME	Nancy Fichter
STREET ADDRESS	2084 PELLAM BLVD.	4.3 STREET ADDRESS	21252 Washburn Ave
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	T	5.1 TITLE	
NAME	DENTON, STANLEY	5.2 NAME	
STREET ADDRESS	22188 LASALLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	MEYERS, GLENN	6.2 NAME	
STREET ADDRESS	19246 PINE BLUFF	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Valerie P. Selley, Valerie P. Selley
2-18-98 941-625-3039

CP25037 (10/97)