


FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/24/1991	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT WILTROUT, EDWARD C 18445 ELGIN AVE. PORT CHARLOTTE FL	1.1 TITLE	CTR
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T NEIMAN, SARAH 1515 FORREST NELSON STE E108 PORT CHARLOTTE FL	2.1 TITLE	Russel willis
NAME		2.2 NAME	2040 Mazatlan Rd.
STREET ADDRESS		2.3 STREET ADDRESS	Punta Gorda, FL 33983
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T KEITH HALFORD 119 AURORA ST PT CHARLOTTE FL	3.1 TITLE	T
NAME		3.2 NAME	Valerie Selley
STREET ADDRESS		3.3 STREET ADDRESS	17056 Kellogg Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port Charlotte, FL 33954
TITLE	T MCGRAW, MARGARET 2084 PELLAM BLVD. PORT CHARLOTTE FL	4.1 TITLE	C-Administrative Board
NAME		4.2 NAME	Nancy Fichter
STREET ADDRESS		4.3 STREET ADDRESS	21252 Washburn Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	T DENTON, STANLEY 22188 LASALLE ROAD PORT CHARLOTTE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T MEYERS, GLENN 19246 PINE BLUFF PT CHARLOTTE FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-18-98 Daytime Phone: 941-625-3039

CP25037 (10/97)