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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N44016

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

65-0235009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

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 **Steven Miraglia**
 82 Street Address (P.O. Box Number is Not Acceptable)
430 Border St.
 83
 84 City **Port Charlotte** **FL** 85 Zip Code **33954**

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)

1/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **CTR** ☒ DELETE
 NAME **WILTROUT, EDWARD C**
 STREET ADDRESS **18446 ELGIN AVE.**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **CT** ☐ DELETE
 NAME **WILES, RUSSEL**
 STREET ADDRESS **2040 MAZATLAN RD**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **T** ☐ DELETE
 NAME **SELLEY, VALERIE**
 STREET ADDRESS **17056 KELLOG AVE**
 CITY-ST-ZIP **PT CHARLOTTE FL 33954**

TITLE **C** ☒ DELETE
 NAME **FICHTER, NANCY**
 STREET ADDRESS **21252 WASHURN AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **T** ☒ DELETE
 NAME **DENTON, STANLEY**
 STREET ADDRESS **22188 LASALLE ROAD**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CTR** ☒ Change ☐ Addition
 1.2 NAME **STEVEN MIRAGLIA**
 1.3 STREET ADDRESS **430 BORDER ST.**
 1.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

2.1 TITLE **WILLS** ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE **C** ☒ Change ☐ Addition
 4.2 NAME **ERIC LOCHE**
 4.3 STREET ADDRESS **3456 W. Audette**
 4.4 CITY-ST-ZIP **Port Charlotte, FL 33948**

5.1 TITLE **C** ☒ Change ☒ Addition
 5.2 NAME **JOYCE MURPHEY**
 5.3 STREET ADDRESS **19179 Almadayde Ct.**
 5.4 CITY-ST-ZIP **Port Charlotte, FL 33948**

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

Daytime Phone #

CR2E037 (1/198)