

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90108 010 ****61.25

DOCUMENT # N44016

1. Entity Name

EDGEWATER UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

18350 EDGEWATER DRIVE
 MURDOCK FL 33948

18350 EDGEWATER DRIVE
 PORT CHARLOTTE FL 33948-7416
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0235009

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRAGLIA, STEVEN
430 BORDER STREET
PORT CHARLOTTE FL 33954

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CTR	<input type="checkbox"/> Delete
NAME	MIRAGLIA, STEVEN	
STREET ADDRESS	430 BORDER STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	WILLS, RUSSELL	
STREET ADDRESS	2040 MAZATLAN RD	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	T	<input type="checkbox"/> Delete
NAME	SELLEY, VALERIE	
STREET ADDRESS	17056 KELLOG AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33954	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	LOCHE, ERIC	
STREET ADDRESS	3456 W. AUDETTE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MURPHEY, JOYCE	
STREET ADDRESS	19179 ALMADYDE CT	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC ELROY, DON	
STREET ADDRESS	1937 Nuremberg Blvd.	
CITY-ST-ZIP	Port Charlotte, FL 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Cust	
STREET ADDRESS	18414 Van Nuys Circle	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duncan, Michael	
STREET ADDRESS	25210 Campos Dr.	
CITY-ST-ZIP	Port Charlotte, FL 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE RE: CUST*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

941-625-3039

Date

Daytime Phone #