

2002 UNIFORM BUSINESS REPORT (UBR)

5/1:

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-15-2002 90125 034 ****61.25

DOCUMENT # N44016

1. Entity Name
EDGEWATER UNITED METHODIST CHURCH, INC.

Principal Place of Business 18350 EDGEWATER DRIVE PORT CHARLOTTE FL 33948	Mailing Address 18350 EDGEWATER DRIVE PORT CHARLOTTE FL 33948 US
---------------------------------------------------------------------------------	---------------------------------------------------------------------------

2. Principal Place of Business 19190 TOLEDO BLADE BLVD	3. Mailing Address P.O. Box 380849
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT CHARLOTTE, FL	City & State MURDOCK, FL
Zip 33948	Zip 33938-0849
Country CHARLOTTE	Country CHARLOTTE

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KILLEN, DAN
2035 LEISURE ST.
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent
 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 *Daniel K. Killen* **4/23/02**
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	CTR DAILEY, DAVID 13710 BEGONIA CIRCLE PORT CHARLOTTE FL 33981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MCELROY, DON 1937 NUREMBERG BLVD. PORT CHARLOTTE FL 33983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTT SELLEY, VALERIE 19411 LAUZON AVE. PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KILLEN, DAN 2035 LEISURE ST. PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUNCAN, MICHEAL 25210 CAMPS DR. PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN AND T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICKI CIAMPA T 2159 ULSTER COURT PORT CHARLOTTE, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AND T LEE WOLFE IS 1612 KELL ST PORT CHARLOTTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN BARON T 8491 SISTINA STREET PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON HARRINGTON T 3245 DEPEW AVE. PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE: *David A. Dailey* **DAVID A. DAILEY** **04-22-2002** **941-286-7748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)