

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44016

FILED
Jan 05, 2004
Secretary of State

Entity Name: EDGEWATER UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

19190 TOLEDO BLADE BLVD
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

19190 TOLEDO BLADE BLVD
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 65-0235009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, RICHARD M
18055 RICKARDWAY
PORT CHARLOTTE, FL 33948

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: JOHNSON, CHARLIE
Address: 883 LINNAEN TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: CIAMPA, VICKI
Address: 2159 ULSTER COURT
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: FS () Delete
Name: WHALEY, JACK
Address: 140 COUSLEY
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: WILLS, MARK
Address: 25050 SANDHILL BLVD APT 681
City-St-Zip: PUNTA GORDA, FL 33983

Title: BM () Delete
Name: HARRINGTON, RON
Address: 3245 DEPEW AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: AC () Delete
Name: DEGRASSE, JOHN
Address: 4680 PRINE TERRACE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WILLS

T

01/05/2004

Electronic Signature of Signing Officer or Director

Date