## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44016

FILED Jan 05, 2006 Secretary of State

Entity Name: EDGEWATER UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

19190 TOLEDO BLADE BLVD PORT CHARLOTTE, FL 33948

Current Mailing Address: New Mailing Address:

19190 TOLEDO BLADE BLVD PORT CHARLOTTE, FL 33948 US

FEI Number: 65-0235009 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAY, RICHARD M 18055 RICKARDWAY

PORT CHARLOTTE, FL 33948 US

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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:JOHNSON, CHARLIEName:JOHNSON, CHARLESAddress:883 LINNAEN TERRACEAddress:883 LINNAEN TERRACECity-St-Zip:PORT CHARLOTTE, FL 33948City-St-Zip:PORT CHARLOTTE, FL 33948

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: CIAMPA, VICKI Name: BEARDSLEE, TC
Address: 2159 ULSTER COURT Address: 409 CAICOS DRIVE

Address: 2159 ULSTER COURT Address: 409 CAICOS DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33983 City-St-Zip: PUNTA GORDA, FL 33950

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: WHALEY, JACK Name: BEARDSLEE, JAN

Address: 140 COUSLEY Address: 409 CAICOS DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PUNTA GORDA, FL 33950

Title: S ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 CHARD, RON
 Name:
 STRUDGEON, RICHARD

 Address:
 2624 PEACH CIRCLE
 Address:
 135 S.E. PECKHAM

 City-St-Zip:
 NORTH PORT, FL 34289
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HARRINGTON, RON
 Name:

 Address:
 3245 DEPEW AVENUE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DEGRASSE, JOHN
 Name:

 Address:
 4680 PRINE TERRACE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES JOHNSON P 01/05/2006