

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44016

FILED
Apr 07, 2009
Secretary of State

Entity Name: EDGEWATER UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

19190 COCHRAN BLVD
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

19190 COCHRAN 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:

HUSSEY, KIMBERLEY K
3258 N. CHAMBERLAIN
NORTH PORT, FL 34286 US

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: P () Delete
Name: BEARDSLEE, JANICE
Address: 409 CAICOS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: RITTA, ERNEST
Address: 18690 GOODMAN CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: HARRINGTON, MARJORIE G
Address: 3245 DEPEW AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: BLAYLOCK, JOHN
Address: 18458 INWOOD AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: MYERS, KENNETH
Address: 3198 EAGLE PASS
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: WATSON, DAVID
Address: 1026 RED BAY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WATSON, DAVID
Address: 1026 RED BAY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: D (X) Change () Addition
Name: YORK, SANDRA
Address: 17221 MALTA AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify 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: MARJORIE HARRINGTON

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date