

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44016

FILED  
Feb 09, 2012  
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

**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:**

HARRINGTON, MARJORE G  
3245 DEPEW AVE  
PORT CHARLOTTE, FL 33952 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  
Name: HANSEN, ROBERT  
Address: 18410 DRIGGERS AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D  
Name: SHONK, BRUCE  
Address: 13383 DARNELL AVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

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

Title: D  
Name: BURNAM, KATHY  
Address: 1494 ATLAS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: SPARROWGROVE, BARBARA  
Address: 375 NORTHVIEW AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D  
Name: JONES, GARY  
Address: 738 WHITE PINE TREE RD  
City-St-Zip: VENICE, FL 34285

I hereby 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 all other like empowered.

SIGNATURE: MARJORIE HARRINGTON

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02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date