# N49400

(Requestor's Name)
(Address)
(Addless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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200367398432

The Transfer of the Artist

SECRETARY OF STATE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Name of Corporation	
DOCUMENT NUMBER: N 49400	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Dot Myers	
Name of Contact Person	
Edgewater United Methodist Church	
Firm/Company	
211 N. Ridgewood Avenue	
Address	
Edgewater, FL 32132	
City/State and Zip Code	
eumc@cfl.rr.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Dot Myers	31 (386 ) 428-6552
Name of Contact Person	at (386 )428-6552 Area Code & Daytime Telephone Numbe
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida
		or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Edgewater Unit	ed Methodist Church, Inc. of Edgewater. Fl.
2. The principa	office address: 211 N. Ridgewood	od Avenue
	Edgewater, FL 3	2132
3. The mailing	address (if different):	<u> </u>
4. Date of incom	rporation/qualification:	Document number:
	nd street address of the current resurtment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)
	Robert Snyder (resigned)	SECR TAL
		LAHAR L
	_	TAY PAS
6. The name an (if changed):	d street address of the new regist	SECRETARY OF STATE ered agent (if changed) and /or registered office. FL
	Dot Myers	
	211 N. Ridgewood Avenue	
		P.O. Box NOT acceptable
	Edgewater, FL 32132	
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
	La Com	James Locke Trucker
I hereby accept I further agree to of my duties, an document is bei	lo comply with the provisions of	James Locke Trucks  Printed or typed name and title  agent and agree to act in this capacity, fall statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.
Not Me	12 12	06/01/2021
	half of an entity:	Date
Dot Myers		
Ty	ped or Printed Name	<del></del>

\* \* \* FILING FEE: \$35.00 \* \* \*

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49400

Entity Name: EDGEWATER UNITED METHODIST CHURCH, INC. OF

EDGEWATER, FL

**FILED** Feb 09, 2021 Secretary of State 8493491074CC

#### **Current Principal Place of Business:**

211 N RIDGEWOOD AVE EDGEWATER FL 32132

#### **Current Mailing Address:**

211 N RIDGEWOOD AVE EDGEWATER, FL 32132 US

FEI Number: 59-2344240

Certificate of Status Desired: Yes

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

SNYDER, ROBERT 211 N RIDGEWOOD AVE EDGEWATER, FL 32132 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: ROBERT SNYDER

02/09/2021

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title

CHAIRMAN, TRUSTEE

Title

CT

Name

JAMES, LOCKE

Name

COOPER, CLAIRE

Address

1989 CRANE LAKES BLVD

Address

147 CHARLES STREET

City-State-Zip: PORT ORANGE FL 32128

City-State-Zip: EDGEWATER FL 32141

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 oeth; that I am an officer or director of the corporation or the recover 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.

18961

#### **EDGEWATER UNITED METHODIST CHURCH**

Invoice # Description

Account and Amount

Florida Department of State 18961 6/1/2021

\$ 35.00

Agent Name Change

Corporate License

35.00

EDGEWATER UNITED METHODIST CHURCH
211 N RIDGEWOOD AVE 386-428-6552
EDGEWATER, FL 32132

RCH Bank

America's Most Convenient Bank® 63-1482/670

DATE 6/1/2021 AMOUNT \$35.00

18961

Thirty Five Dollars and No Cents\*

Florida Department of State

Amendment Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

uly Viche
AUTHORIZED SIGNATURE.

**C** 

#\*O18961# #\*O67014822# 4254561199#

Agent Name Change

**EDGEWATER UNITED METHODIST CHURCH** 

18961

Florida Department of State

Number / Date / Total Invoice #

59-2344240

18961

Description

Account

Amount

6/1/2021

TO THE ORDER OF

\$ 35.00

Corporate License

35.00