

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44016 (6)
1. Corporation Name
EDGEWATER UNITED METHODIST CHURCH, INC.



Principal Place of Business
**18350 EDGEWATER DRIVE
MURDOCK FL 33948**

Mailing Address
**18350 EDGEWATER DRIVE
MURDOCK FL 33938-0219
US**

3. Date Incorporated or Qualified
06/24/1991

3a. Date of Last Report
03/15/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0235009	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fees Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Port Charlotte, Fla. 33948	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	33948	30	Charlotte		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOSTER, BETTY G
14399 MADDOCK AVENUE
PT. CHARLOTTE FL 33953**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TC <input type="checkbox"/> DELETE	1.1 TITLE	Ed Wiltrout <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSTER, BETTY G	1.2 NAME	18446 Elgin Avenue
STREET ADDRESS	14399 MADDOCK AVENUE	1.3 STREET ADDRESS	Port Charlotte, Fla. 33948
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	TC <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIMAN, JOHN	2.2 NAME	Robert West
STREET ADDRESS	772 FOREST HILL LANE	2.3 STREET ADDRESS	131 Aurora Street
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	Port Charlotte, Fl. 33948
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRAW, MARGARET	3.2 NAME	Keith Halford
STREET ADDRESS	2064 PELLAM BLVD	3.3 STREET ADDRESS	119 Aurora Street
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	Port Charlotte, Fl. 33948
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILY, BILL	4.2 NAME	Viva R. McNeill
STREET ADDRESS	257 STEBBINS TERR	4.3 STREET ADDRESS	1214 Dewhurst Street
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, Fl. 33952
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINDALE, JAN	5.2 NAME	Nancy Turner
STREET ADDRESS	18523 GOODMAN CIR	5.3 STREET ADDRESS	27325 Guapore Drive
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	Port Charlotte, Fl. 33983
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERS, GLENN	6.2 NAME	Clifford Eisaman
STREET ADDRESS	19246 PINE BLUFF	6.3 STREET ADDRESS	190 Norman Street
CITY-ST-ZIP	PT CHARLOTTE FL	6.4 CITY-ST-ZIP	Port Charlotte, Florida 33954

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Sussendanner Doster* 4/27/96 941 625-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)