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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PORT CHARLOTTE FL 33948 US
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3. Date Incorporated or Qualified 06/24/1991	4. FEI Number 65-0235009	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**WILTROUT, EDWARD C
18445 ELGIN AVE.
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

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		
TITLE	CT	<input type="checkbox"/> DELETE
NAME	WILTROUT, EDWARD C	
STREET ADDRESS	18446 ELGIN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NEIMAN, SARAH	
STREET ADDRESS	1515 FORREST NELSON STE E108	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KEITH HALFORD	
STREET ADDRESS	119 AURORA ST	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCGRAW, MARGARET	
STREET ADDRESS	2084 PELLAM BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DENTON, STANLEY	
STREET ADDRESS	22188 LASALLE ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, GLENN	
STREET ADDRESS	19246 PINE BLUFF	
CITY-ST-ZIP	PT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Russel wills	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2040 Mazatlan Rd.	
2.3 STREET ADDRESS	Punta Gorda, FL 33983	
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Valerie Selley	
3.3 STREET ADDRESS	17056 Kelllog Ave	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33954	
4.1 TITLE	C-Administrative Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nancy Fichter	
4.3 STREET ADDRESS	21252 Washburn Ave	
4.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Valerie P. Selley Valerie P. Selley **2-18-98** **941-625-3039**

CP25037 (10/97)