

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90108 010 \*\*\*\*61.25

**DOCUMENT # N44016**

1. Entity Name

**EDGEWATER UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**18350 EDGEWATER DRIVE  
 MURDOCK FL 33948**

**18350 EDGEWATER DRIVE  
 PORT CHARLOTTE FL 33948-7416  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0235009**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRAGLIA, STEVEN  
 430 BORDER STREET  
 PORT CHARLOTTE FL 33954**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **CTR MIRAGLIA, STEVEN**  
 STREET ADDRESS **430 BORDER STREET**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CT WILLS, RUSSELL**  
 STREET ADDRESS **2040 MAZATLAN RD**  
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE  Change  Addition  
 NAME **CT MCELROY, DON**  
 STREET ADDRESS **1937 Nuremberg Blvd.**  
 CITY-ST-ZIP **Port Charlotte, FL 33983**

TITLE  Delete  
 NAME **T SELLEY, VALERIE**  
 STREET ADDRESS **17056 KELLOG AVE**  
 CITY-ST-ZIP **PT CHARLOTTE FL 33954**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **C LOCHE, ERIC**  
 STREET ADDRESS **3456 W. AUDETTE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE  Change  Addition  
 NAME **C Patrick Cust**  
 STREET ADDRESS **18414 Van Nuys Circle**  
 CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE  Delete  
 NAME **C MURPHEY, JOYCE**  
 STREET ADDRESS **19179 ALMADYDE CT**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE  Change  Addition  
 NAME **C Duncan, Michael**  
 STREET ADDRESS **25210 Campos Dr.**  
 CITY-ST-ZIP **Port Charlotte, FL 33983**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE RE: CUSTODY*

1-15-00

941-625-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #