

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90030 047 ****61.25

DOCUMENT # N44016

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte

City & State

4. FEI Number

65-0235009

Applied For

Not Applicable

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

MIRAGLIA, STEVEN
 430 BORDER STREET
 PORT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name Daniel Killen
 Street Address (P.O. Box Number is Not Acceptable)
2035 Leisure St.
 City Port Charlotte FL Zip Code 33948

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

Daniel Killen

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 NAME STREET ADDRESS CITY-ST-ZIP	CTR MIRAGLIA, STEVEN 430 BORDER STREET PORT CHARLOTTE FL 33954	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MCELROY, DON 1937 NUREMBERG BLVD. PORT CHARLOTTE FL 33983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLEY, VALERIE 17056 KELLOG AVE PT CHARLOTTE FL 33954	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CUST, PATRICK 18414 VAN NUYS CIRCLE PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUNCAN, MICHEAL 25210 CAMPS DR. PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR Dailey, David 13710 Begonia Cirde Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT, T Selley, Valerie 19411 Lauzon Ave Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Killen, Dan 2035 Leisure St. Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

941-625-3039

Date Daytime Phone #

CR2E037 (10/00)