

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/11

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90125 034 \*\*\*\*61.25

**DOCUMENT # N44016**

1. Entity Name

**EDGEWATER UNITED METHODIST CHURCH, INC.**

Principal Place of Business

18350 EDGEWATER DRIVE  
 PORT CHARLOTTE FL 33948

Mailing Address

18350 EDGEWATER DRIVE  
 PORT CHARLOTTE FL 33948  
 US

2. Principal Place of Business

**19190 TOLEDO BLADE BLVD**

3. Mailing Address

**P.O. Box 380849**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PORT CHARLOTTE, FL**

City & State  
**MURDOCK, FL**

4. FEI Number **65-0235009**

Applied For  
 Not Applicable

Zip  
**33948**

Country  
**CHARLOTTE**

Zip  
**33938-0849**

Country  
**CHARLOTTE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KILLEN, DAN**  
**2035 LEISURE ST.**  
**PORT CHARLOTTE FL 33948**

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

*Handwritten Signature: Daniel K. Killen 4/23/02*

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

(NOTE: Registered Agent signature required when re-registering)

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 DAILEY, DAVID 13710 BEGONIA CIRCLE PORT CHARLOTTE FL 33981	<input 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	CTT SELLEY, VALERIE 19411 LAUZON AVE. PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KILLEN, DAN 2035 LEISURE ST. 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN AND T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICKI CIAMPA T 2159 ULSTER COURT PORT CHARLOTTE, FL 33983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY AND T LEE WOLFE IS 1612 KELL ST APT PORT CHARLOTTE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN BARON T 8491 SISTINA STREET PORT CHARLOTTE, FL 33952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RON HARRINGTON T 3245 DEPEW AVE PORT CHARLOTTE, FL 33952</b>	<input checked="" 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 empowerment.

SIGNATURE: *David A. Dailey* **DAVID A. DAILEY** 04-22-2002 941-286-7748  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)