

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44016

FILED  
Feb 17, 2005  
Secretary of State

Entity Name: EDGEWATER UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

19190 TOLEDO BLADE BLVD  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19190 TOLEDO BLADE BLVD  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

FEI Number: 65-0235009      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAY, RICHARD M  
18055 RICKARDWAY  
PORT CHARLOTTE, FL 33948 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CT ( ) Delete  
Name: JOHNSON, CHARLIE  
Address: 883 LINNAEN TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S ( ) Delete  
Name: CIAMPA, VICKI  
Address: 2159 ULSTER COURT  
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: FS ( ) Delete  
Name: WHALEY, JACK  
Address: 140 COUSLEY  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: WILLS, MARK  
Address: 25050 SANDHILL BLVD APT 681  
City-St-Zip: PUNTA GORDA, FL 33983

Title: BM ( ) Delete  
Name: HARRINGTON, RON  
Address: 3245 DEPEW AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: AC ( ) Delete  
Name: DEGRASSE, JOHN  
Address: 4680 PRINE TERRACE  
City-St-Zip: NORTH PORT, FL 34286

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, CHARLIE  
Address: 883 LINNAEN TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T (X) Change ( ) Addition  
Name: CIAMPA, VICKI  
Address: 2159 ULSTER COURT  
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: T (X) Change ( ) Addition  
Name: WHALEY, JACK  
Address: 140 COUSLEY  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S (X) Change ( ) Addition  
Name: CHARD, RON  
Address: 2624 PEACH CIRCLE  
City-St-Zip: NORTH PORT, FL 34289

Title: T (X) Change ( ) Addition  
Name: HARRINGTON, RON  
Address: 3245 DEPEW AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T (X) Change ( ) Addition  
Name: DEGRASSE, JOHN  
Address: 4680 PRINE TERRACE  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES JOHNSON

MR.

02/17/2005

Electronic Signature of Signing Officer or Director

Date