


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90107 044 ****61.25

DOCUMENT # N44016			
1. Entity Name EDGEWATER UNITED METHODIST CHURCH, INC.			
Principal Place of Business 19190 TOLEDO BLVD PORT CHARLOTTE FL 33948		Mailing Address P.O BOX 380849 MURDOCK FL 33338-0849 US	
2. Principal Place of Business		3. Mailing Address 19190 Toledo Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		4. FEI Number 65-0235009	
Zip 33948		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KILLEN, DAN 2035 LEISURE ST. PORT CHARLOTTE FL 33948		7. Name and Address of New Registered Agent Gray, Dick Ricardo M. 18055 Rickardway Port Charlotte, FL 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. I am familiar with, and accept the obligations of registered agent. *SIGNATURE Richard M Gray AST Co-Leader 8/1/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT DARLEY, DAVID 13710 BEGONIA CIRCLE PORT CHARLOTTE FL 33981 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlie Johnson 883 Linnaen Terrace Port Charlotte, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AST-Co-Leader
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIAMPA, VICKI 2159 ULSTER COURT PORT CHARLOTTE FL 33983 <input type="checkbox"/> Delete Secretary	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Merle Kiskey 305 W. Tarpon Blvd. - Stewardship Port Charlotte, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFISS, LEE 812 KELLSTANT PORT CHARLOTTE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Whaley 140 Cousley Port Charlotte, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Financial Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARON, JOHN 2491 SISTINIA STREET PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Willis 25050 Sandhill Blvd. Apt. 601 Punta Gorda, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRINGTON, RON 3245 DEPEW AVENUE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete Bldg Maintenance	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Degrasse 4680 Pine Terrace North Port, FL 34286 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bldg Administrator
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*AST-Administrative Support Team
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: MARK R. WILLIS		Date: 4 AUGUST 2003	

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