

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44016

**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC9248890526**

**Entity Name:** EDGEWATER UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

19190 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

19190 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

**FEI Number: 65-0235009**

**Certificate of Status Desired: No**

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

HARRINGTON, MARJORIE G  
3245 DEPEW AVE  
PORT CHARLOTTE, FL 33952 US

*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

**Officer/Director Detail :**

Title D  
Name SHONK, BRUCE  
Address 13383 DARNELL AVE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title T  
Name HARRINGTON, MARJORIE G  
Address 3245 DEPEW AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D  
Name BURNAM, KATHY  
Address 1494 ATLAS ST  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D  
Name JONES, GARY  
Address 738 WHITE PINE TREE RD  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name JONES, DIANE  
Address 738 WHITE PINE TREE RD  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name BALLARD, THOMAS  
Address 2646 PEBBLE AVE  
City-State-Zip: NORTH PORT FL 34286

*I hereby 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 all other like empowered.*

**SIGNATURE: MARJORIE HARRINGTON**

**DIRECTOR OF  
ADMINISTRATION**

**02/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date