

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44016

**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, MARJORE 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           TREASURER  
Name           HARRINGTON, MARJORIE G  
Address        3245 DEPEW AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

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

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

Title           CO-TRUSTEE  
Name           WELLINGHOFF, NANCY  
Address        2537 BAY CITY TERRACE  
City-State-Zip: NORTH PORT FL 34286

Title           CO-TRUSTEE  
Name           COSTA, ALBERT S  
Address        2499 CARNATION COURT  
City-State-Zip: NORTH PORT FL 34289

Title           FINANCE CHAIRMAN  
Name           BRISCOE, JEFF  
Address        300 DALTON BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33952

*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**

**TREASURER**

**01/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date