

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morton</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **703569** (4)  
1. Corporation Name  
**GRACE UNITED METHODIST CHURCH OF VENICE, INC.**



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| Principal Place of Business<br><b>400 E. FIELD AVE.<br/>VENICE FL 34285-4035</b> | Mailing Address<br><b>400 E. FIELD AVE.<br/>VENICE FL 34285-4035</b> |
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|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
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|---|--|
| 3. Date Incorporated or Qualified<br><b>02/07/1962</b>  |  |
| 4. FEI Number<br><b>59-1000629</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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|---|
| 9. Name and Address of Current Registered Agent<br><b>TALLMAN, LINDA<br/>1728 KILRUSS DRIVE<br/>VENICE FL 34292</b> |
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| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | VPD <input type="checkbox"/> DELETE |
| NAME                       | JENNINGS, JANE A                    |
| STREET ADDRESS             | 3247 FARROW ROAD                    |
| CITY-ST-ZIP                | VENICE FL                           |
| TITLE                      | PD <input type="checkbox"/> DELETE  |
| NAME                       | COOK RAY                            |
| STREET ADDRESS             | 1240 LEMON BAY DRIVE                |
| CITY-ST-ZIP                | VENICE FL                           |
| TITLE                      | T <input type="checkbox"/> DELETE   |
| NAME                       | JENNINGS, JANE                      |
| STREET ADDRESS             | 3247 FALLOW DRIVE                   |
| CITY-ST-ZIP                | VENICE FL                           |
| TITLE                      | T <input type="checkbox"/> DELETE   |
| NAME                       | WRIGHT, BILL                        |
| STREET ADDRESS             | 1427 ROYAL RD                       |
| CITY-ST-ZIP                | VENICE FL                           |
| TITLE                      | T <input type="checkbox"/> DELETE   |
| NAME                       | JACOBS, RUSSELL                     |
| STREET ADDRESS             | 326 FOXGLOVE RD                     |
| CITY-ST-ZIP                | VENICE FL                           |
| TITLE                      | S <input type="checkbox"/> DELETE   |
| NAME                       | TALLMAN, LINDA                      |
| STREET ADDRESS             | 1728 KILRUSS DRIVE                  |
| CITY-ST-ZIP                | VENICE FL 34292                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |                                 |
|--|---------------------------------|
| 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition             |                                 |
| 1. NAME  |                                 |
| 1. STREET ADDRESS  |                                 |
| 1. CITY-ST-ZIP   |                                 |
| 2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition             |                                 |
| 2. NAME  |                                 |
| 2. STREET ADDRESS  |                                 |
| 2. CITY-ST-ZIP   |                                 |
| 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>Bill Rodgers</b>             |
| 3.2 NAME   | <b>1451 BRENNER PARK DR</b>     |
| 3.3 STREET ADDRESS   | <b>VENICE FL 34292</b>          |
| 3.4 CITY-ST-ZIP  |                                 |
| 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>Wilbur Weaver</b>            |
| 4.2 NAME   | <b>1214 LAUREL RD</b>           |
| 4.3 STREET ADDRESS   | <b>VENICE, FL 34292</b>         |
| 4.4 CITY-ST-ZIP  |                                 |
| 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>BARBARA WOOD</b>             |
| 5.2 NAME   | <b>628 CORNWELL ON THE GULF</b> |
| 5.3 STREET ADDRESS   | <b>VENICE, FL 34285</b>         |
| 5.4 CITY-ST-ZIP  |                                 |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                 |
| 6.2 NAME   |                                 |
| 6.3 STREET ADDRESS   |                                 |
| 6.4 CITY-ST-ZIP  |                                 |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Tallman* **LINDA TALLMAN** 4/8/98 941 488 1374

CR2037 (1097)