

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 703569

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

Entity Name: GRACE UNITED METHODIST CHURCH OF VENICE, INC.

**Current Principal Place of Business:**

400 E. FIELD AVE.  
VENICE, FL 342854035

**New Principal Place of Business:**

**Current Mailing Address:**

400 E. FIELD AVE.  
VENICE, FL 342854035

**New Mailing Address:**

FEI Number: 59-1000629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TALLMAN, LINDA  
1728 KILRUSS DRIVE  
VENICE, FL 34292 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: VP ( ) Delete  
Name: SIMPSON, CAROL  
Address: 5049 SOUTHERN PINES CIRCLE  
City-St-Zip: VENICE, FL 34293

Title: P ( ) Delete  
Name: CLINE, PAUL  
Address: 408 VALENCIA RD  
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete  
Name: STOVER, GENE  
Address: 1015 LAUREL AVE  
City-St-Zip: VENICE, FL 34292

Title: T ( ) Delete  
Name: PIEL, BETH  
Address: 132 RIO TERRA  
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete  
Name: CAMPBELL, ED  
Address: 442 W GATE DR  
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete  
Name: SELL, JOHN  
Address: 900 S TAMIAMI TR #609  
City-St-Zip: VENICE, FL 34285

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

Title: T (X) Change ( ) Addition  
Name: ERB, CAROL  
Address: 1600 PECAN ST.  
City-St-Zip: NOKOMIS, FL 34275

Title: VP (X) Change ( ) Addition  
Name: CLINE, PAUL  
Address: 408 VALENCIA RD  
City-St-Zip: VENICE, FL 34285

Title: P (X) Change ( ) Addition  
Name: STOVER, GENE  
Address: 1015 LAUREL AVE  
City-St-Zip: VENICE, FL 34292

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GENE STOVER

PRES

04/09/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date