2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# 703569

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 (X)**

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:	T	( ) Delete
Name:	JENNINGS, JANEANN	
Address:	3247 FALLOW RD.	
City-St-Zip:	VENICE, FL 34293	
Title:	T	( ) Delete
Name:	SIMPSON, CAROL	
Address:	5049 SOUTHERN PINES CIRCLE	
City-St-Zip:	VENICE, FL 34293	
Title:	P	( ) Delete
Name:	STOVER, GENE	
Address:	1015 LAUREL AVE	
City-St-Zip:	VENICE, FL 34292	
Title:	T	( ) Delete
Name:	ERKILLA, JACK	
Address:	200 N. PARK BLVD. #104	
City-St-Zip:	VENICE, FL 34285	
Title:	T	( ) Delete
Name:	CARSON, SHARON	
Address:	1806 PLUM LN	
City-St-Zip:	VENICE, FL 34293	
Title:	T	( ) Delete
Name:	TAYLOR, KEN	
Address:	4227 ASTERIA TERRACE	
City-St-Zip:	NORTH PORT, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	CLINE, PAUL	
Address:	408 VALENCIA RD.	
City-St-Zip:	VENICE, FL 34285	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Chapter 119, 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 01/04/2007
Electronic Signature of Signing Officer or Director — Date