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Apr 07 1998 8:00am

Cite Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723229
1. Corporation Name
CHURCH OF CHRIST OF VENICE, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 4-21-1972
4. FEI Number 59-1597195 Applied For Not Applicable

2. Principal Place of Business 21 4301 HWY 776 22 Suite, Apt. #, etc. 23 VENICE, FL 24 34293 25 USA
2a. Mailing Address 26 4301 HWY 776 27 Suite, Apt. #, etc. 28 VENICE, FL 29 34293 30 USA

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [] Yes [] No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [] Yes [] No

9. Name and Address of Current Registered Agent
JAMES TREECE
221 S. VENICE BLVD.
VENICE, FL 34293

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PRESIDENT (T) | <input type="checkbox"/> DELETE |
| NAME | JAMES TREECE | |
| STREET ADDRESS | 221 SOUTH VENICE BLVD. | |
| CITY-ST-ZIP | VENICE, FL 34293 | |
| TITLE | SECRETARY (T) | <input type="checkbox"/> DELETE |
| NAME | WAYNE JEWELL | |
| STREET ADDRESS | 420 PALM CREEK DRIVE | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> DELETE |
| NAME | HAROLD T. CLARKE | |
| STREET ADDRESS | 9263 CYPRESS HOLLOW DRIVE | |
| CITY-ST-ZIP | SARASOTA, FL 34238 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | TREASURER (T) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | STEVE SALS | |
| 3.3 STREET ADDRESS | 90 SPYGLASS ALLEY | |
| 3.4 CITY-ST-ZIP | CAPE HAZE, FL 33946 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 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 | | |

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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: James Treece Pres. 3-15-98 944-493-8207
Date Daytime Phone #

CR2E037 (10/97)