


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 4301 HWY 776 4301 HWY 776
 VENICE FL 34293 VENICE FL 34293



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc Suite, Apt. #, etc
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1597195 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEAVENS, DELBERT A.
1056 PIEDMONT ROAD
VENICE FL 34293

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Delbert A. Leavens/Elder JAN. 20, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PT	LEAVENS, DELBERT A.	1056 PIEDMONT ROAD	VENICE FL 34293	<input type="checkbox"/>
ST	VOWELL, WAYNE	420 PALM CREEK DRIVE	ENGLEWOOD FL 34223	<input type="checkbox"/>
T	SAIS, STEVE	90 SPYGLASS ALLEY	CAPE HAZE FL 33946	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Delbert A. Leavens **Delbert A. Leavens** 01/20/2007 941-493-5434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #