

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723229

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** CHURCH OF CHRIST OF VENICE, INC.

**Current Principal Place of Business:**

4301 HWY 776  
VENICE, FL 34293

**New Principal Place of Business:**

4301 STATE ROAD 776  
VENICE, FL 34293

**Current Mailing Address:**

4301 HWY 776  
VENICE, FL 34293

**New Mailing Address:**

4301 STATE ROAD 776  
VENICE, FL 34293

FEI Number: 59-1597195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LEAVENS, DELBERT A.  
1056 PIEDMONT ROAD  
VENICE, FL 34293 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: PT ( ) Delete  
Name: LEAVENS, DELBERT A.  
Address: 1056 PIEDMONT ROAD  
City-St-Zip: VENICE, FL 34293

Title: ST ( ) Delete  
Name: VOWELL, WAYNE,  
Address: 420 PALM CREEK DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: T ( ) Delete  
Name: SAIS, STEVE  
Address: 90 SPYGLASS ALLEY  
City-St-Zip: CAPE HAZE, FL 33946

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

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 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: DELBERT A. LEAVENS

PT

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date