


FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 731322 (4)  
1. Corporation Name  
EVANGELICAL COVENANT CHURCH OF VENICE ISLES, INC



Principal Place of Business: 796 BAVENO DR VENICE FL 34292 US  
Mailing Address: 796 BAVENO DR VENICE FL 34292 US

3. Date Incorporated or Qualified: 12/05/1974

4. FEI Number: 59-1574630  
Applied For:  Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired:  \$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  
OHRN, CARL  
108 VIA VENETO  
VENICE FL 34292

10. Name and Address of New Registered Agent  
Name: MORTON, FRANK  
Street Address (P.O. Box Number is Not Acceptable): 830 TRENTO DR.  
City: VENICE FL 85 Zip Code: 34292

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: *[Signature]* DATE: 2/16/98

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | CD                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | OHRN, CARL          |  |
| STREET ADDRESS | 108 VIA VENETO      |  |
| CITY-ST-ZIP    | VENICE FL 34292     |  |
| TITLE          | TD                  | <input type="checkbox"/> DELETE            |
| NAME           | SHELL, ESTHER       |  |
| STREET ADDRESS | 817 TRENTO DR.      |  |
| CITY-ST-ZIP    | VENICE, FL 00000    |  |
| TITLE          | VD                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | BITTNER, BEN        |  |
| STREET ADDRESS | 499 CERVINA DR., N. |  |
| CITY-ST-ZIP    | VENICE, FL 00000    |  |
| 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          | CD               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | MORTON, FRANK    |  |
| 1.3 STREET ADDRESS | 830 TRENTO DR    |  |
| 1.4 CITY-ST-ZIP    | VENICE, FL 34292 |  |
| 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          | VD               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | SMITH, JAMES     |  |
| 3.3 STREET ADDRESS | 956 CORTINA BLVD |  |
| 3.4 CITY-ST-ZIP    | VENICE, FL 34292 |  |
| 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    |                  |  |

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: *[Signature]* FRANK MORTON 2/16/98 941-485-9052

CF2E037 (10/97)