


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90061 024 ****61.25

DOCUMENT # **731322**

1. Entity Name
EVANGELICAL COVENANT CHURCH OF VENICE ISLES, INC



Principal Place of Business
**852 JOLANDA CIRCLE
VENICE FL 34292
US**

Mailing Address
**852 JOLANDA CIRCLE
VENICE FL 34292
US**

34015577



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
793 Raveno Drive
Suite, Apt. #, etc.

3. Mailing Address
793 Raveno Drive
Suite, Apt. #, etc.

City & State
Venice, Florida

City & State
Venice, Florida

4. FEI Number **59-1574630**

Applied For
 Not Applicable

Zip **34285** Country **USA**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**OHRN, CARL - DECEASED
108 VIA VENETO
VENICE FL 34292**

7. Name and Address of New Registered Agent

Name **James Smith**

Street Address (P.O. Box Number is Not Acceptable)
831 Jolanda Circle

City **Venice** FL Zip Code **34285**

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 **James Smith** (Signature) **James E. Smith** (Printed Name)

(NOTE: Registered Agent signature required when reinstating)

DATE **2/10/2004**

FILE NOW: FEE IS \$61.25

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 CD	OHRN, CARL - DECEASED <input checked="" type="checkbox"/> Delete
NAME	108 VIA VENETO
STREET ADDRESS	VENICE FL 34292
CITY-ST-ZIP	
TITLE TD	BOONE, SHARAN FRANDLE - DECEASED <input checked="" type="checkbox"/> Delete
NAME	418 CERVINA DR S
STREET ADDRESS	VENICE FL 34292
CITY-ST-ZIP	
TITLE VD	SMITH, JAMES <input checked="" type="checkbox"/> Delete
NAME	956 CORTINA BLVD
STREET ADDRESS	VENICE, FL 0000 34292
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD	James Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	831 Jolanda Circle
STREET ADDRESS	Venice, Florida
CITY-ST-ZIP	34285
TITLE TD	Carolyn Watkins <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	793 Raveno Drive
STREET ADDRESS	Venice, Florida
CITY-ST-ZIP	
TITLE VD	John Watkins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	793 Raveno Drive
STREET ADDRESS	Venice, Florida
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: **James E. Smith** (Signature) **2/10/04** (Date)