



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 002 ****61.25

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|--|--|--|---|---|--|
| DOCUMENT # 731322 1. Entity Name EVANGELICAL COVENANT CHURCH OF VENICE ISLES, INC. | | | |  | |
| Principal Place of Business 204 MANTUA DRIVE VENICE FL 34285-4309 US | | | | Mailing Address 204 MANTUA DRIVE VENICE FL 34285-4309 US | |
| 2. Principal Place of Business 725 Roma Rd Suite, Apt. #, etc. venice, FL 34285 City & State | | 3. Mailing Address 725 Roma Rd Suite, Apt. #, etc. Venice, FL City & State | |  | |
| Zip Sarasota | | Zip 34285 | | Country Sarasota | |
| 4. FEI Number 59-1574630 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 1st MOORE CR2E037 (10/05) | |
| 6. Name and Address of Current Registered Agent STONE, WILLIAM L 204 MANTUA DRIVE VENICE FL 34285-4309 | | | | 7. Name and Address of New Registered Agent Name: Gladys Geith Street Address (P.O. Box Number is Not Acceptable) 725 Roma Rd Venice, FL City 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 <i>Gladys U. Geith</i> DATE <i>Feb. 15, 2006</i> <small>Signature/typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW. FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD KEYS, DONALD 791 GRADO DRIVE VENICE FL 34285 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ANDERSON, MARGE 800 BAVENO DR VENICE FL 34285 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KIDDON, HELEN 208 MANTUA DRIVE VENICE FL 34285 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD OLDFORD, JANE 785 CERVINA DRIVE VENICE FL 34285 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jim Thorpe 790 Baveno Dr Venice, Fl 34285 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NYGAARD, RICHARD 963 JOLANDA CIRCLE VENICE FL 34285 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARTON, JAMES 941 NETTUNO DRIVE VENICE FL 34285 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: *Marjorie A. Anderson*