

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 732232 (4)
1. Corporation Name
UNION MISSIONARY BAPTIST CHURCH OF VENICE, INC.

Principal Place of Business 704 NORTH WARFIELD P.O. BOX 265 SARASOTA FL 34272 US	Mailing Address P.O. BOX 265 LAUREL FL 34272 US
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1975	3a. Date of Last Report 07/12/1994
4. FEI Number 59-2673621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 265
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VENICE FLA.	City & State 28 LAUREL, FLA
Zip 24 34295	Country 25 SARASOTA
Zip 29 34272	Country 30 SARASOTA

9. Name and Address of Current Registered Agent

**MOORE, ROBERT L.
227 NOKOMIS AVENUE SOUTH
VENICE FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, J. C.	12 NAME	
STREET ADDRESS	735 CHURCH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	LAUREL FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, ISRAEL	22 NAME	
STREET ADDRESS	470 CYPRESS ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	SOUTH VENICE FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD GIPSON	32 NAME	
STREET ADDRESS	648 PATTON ST.	33 STREET ADDRESS	
CITY - ST - ZIP	LAUREL FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHEL, ALLEN	42 NAME	
STREET ADDRESS	218 N GROVE TERR	43 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLIE ROWELL	52 NAME	CHARLIE ROWELL
STREET ADDRESS	248 N GROVE TERRACE	53 STREET ADDRESS	3371 ROGUE STREET
CITY - ST - ZIP	VENICE FL	54 CITY - ST - ZIP	NORTH PORT, FL. 34287
TITLE	S	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JAMES	62 NAME	JAMES MITCHELL
STREET ADDRESS	3329 N GATHUM	63 STREET ADDRESS	2881 tuskett ave.
CITY - ST - ZIP	NORTH PORT FL	64 CITY - ST - ZIP	NORTH PORT, FL. 34287

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J.C. Sims - J.C. SIMS 3-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR (Date) (Signature (If used))