

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 VARFIELD P.O. BOX 265 VENICE FL 34295 US**
Mailing Address: **P.O. BOX 265 LAUREL FL 34272 US**

3. Date Incorporated or Qualified: **03/21/1975**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business: **404 North Warfield**
2a. Mailing Address: **P.O. Box 265**
21. Suite, Apt. #, etc.:
22. City & State: **Venice FL**
23. City & State: **Laurel FL**
24. Zip: **34292**
25. Country: **Sarasota**
29. Zip: **34272**
30. Country: **Sarasota**

4. FEI Number: **59-2673621**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: **FL** 85. Zip Code

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMS, J. C.	
STREET ADDRESS	735 CHURCH STREET	
CITY - ST - ZIP	LAUREL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, ISRAEL	
STREET ADDRESS	470 CYPRESS ROAD	
CITY - ST - ZIP	SOUTH VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD GIPSON	
STREET ADDRESS	646 PATTON ST.	
CITY - ST - ZIP	LAUREL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MITCHEL, ALLEN	
STREET ADDRESS	218 N GROVE TERR	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWELL, CHARLES	
STREET ADDRESS	3371 ROGUE STREET	
CITY - ST - ZIP	NORTH PORT FL 34287	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MITCHELL, JAMES	
STREET ADDRESS	2881 TUSKETT AVE	
CITY - ST - ZIP	NORTH PORT FL 34287	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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: Rev. J. C. Sims Date: 3/11/96 Daytime Phone #: 488 1634

CR2E037 (12/95)