

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 31 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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  
**404 NORTH CHURCH WARFIELD  
P.O. BOX 265  
VENICE FL 34292  
US**

Mailing Address  
**P.O. BOX 265  
LAUREL FL 34272-0265  
US**

3. Date Incorporated or Qualified **03/21/1975** 3a. Date of Last Report **03/15/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2673621</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	Country	29	Country
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMS, J. C.</b>	1.2 NAME	
STREET ADDRESS	<b>735 CHURCH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUREL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REID, ISRAEL</b>	2.2 NAME	
STREET ADDRESS	<b>470 CYPRESS ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTH VENICE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD GIPSON</b>	3.2 NAME	
STREET ADDRESS	<b>648 PATTON ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUREL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWELL, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>3371 ROGUE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>2881 TUSKETT AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ DATE: **1-15-97** DAYTIME PHONE #: **0084013**

CR2E037 (9/96)