


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90069 037 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 732232**

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  
 US

300980 - 90063 - 24



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	28	03/21/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2673621
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, J. C.	1.2 NAME	
STREET ADDRESS	735 CHURCH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, ISRAEL	2.2 NAME	
STREET ADDRESS	470 CYPRESS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH VENICE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD GIPSON	3.2 NAME	
STREET ADDRESS	646 PATTON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWELL, CHARLES	4.2 NAME	
STREET ADDRESS	3371 ROGUE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JAMES	5.2 NAME	
STREET ADDRESS	2881 TUSKETT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	5.4 CITY-ST-ZIP	
TITLE	Asst. Sec.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY MITCHELL	6.2 NAME	
STREET ADDRESS	650 CHURCH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL FL 34275	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** *Rev. J. C. Sims*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1-11-99 Daytime Phone #: 941-488-1634

CRZE037 (11/98)