


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90032 011 ****66.25

DOCUMENT # 732232			
1. Entity Name UNION MISSIONARY BAPTIST CHURCH OF VENICE, INC.			
Principal Place of Business 404 NORTH WARFIELD AVE P.O. BOX 265 VENICE FL 34292 US		Mailing Address P.O. BOX 285 426 LAUREL FL 34272 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 426	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Laurel FL	
Zip	Country	Zip	Country
		34272	SARASOTA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE, ROBERT L. 227 NOKOMIS AVENUE SOUTH VENICE FL		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

94014590



MOORE - CR2E037 (11/03)

4. FEI Number 59-2673621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMS, J. C. <input type="checkbox"/> Delete 735 CHURCH STREET LAUREL FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, BOBBY <input type="checkbox"/> Delete PO BOX 641 NOKOMIS FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD GIPSON <input type="checkbox"/> Delete 8330 SWISS BLVD PUNTA GORDA FL 33982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, JAMES <input type="checkbox"/> Delete 2881 TUSKETT AVE NORTH PORT FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, TONY <input type="checkbox"/> Delete 650 CHURCH ST LAUREL FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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:  **Tony Mitchell** **2/09/04** **944 951 3073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #