
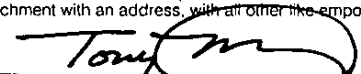


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90262 011 ****70.00

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 426 LAUREL, FL 34272 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2673621	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, J. C.		NAME	Kelly Gipson	
STREET ADDRESS	735 CHURCH STREET		STREET ADDRESS	3078 GREENDALE RD.	
CITY-ST-ZIP	LAUREL, FL		CITY-ST-ZIP	NORTH FORT, FL 34287	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BOBBY		NAME		
STREET ADDRESS	PO BOX 641		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD GIPSON		NAME		
STREET ADDRESS	8330 SWISS BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JAMES		NAME		
STREET ADDRESS	2881 TUSKETT AVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, TONY		NAME		
STREET ADDRESS	650 CHURCH ST		STREET ADDRESS		
CITY-ST-ZIP	LAUREL, FL 34275		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		APRIL 18, 2005		941.951.3573	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	