


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 732232
 f. Entity Name
UNION MISSIONARY BAPTIST CHURCH OF VENICE, INC.



Principal Place of Business Mailing Address
404 NORTH WARFIELD AVE **P.O. BOX 426**
P.O. BOX 265 **LAUREL, FL 34272 US**
VENICE, FL 34292 US

DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent
MOORE, ROBERT L.
227 NOKOMIS AVENUE SOUTH
VENICE, FL

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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)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BOBBY PO BOX 641 NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD GIPSON 8330 SWISS BLVD PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, JAMES 2881 TUSKETT AVE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, TONY 650 CHURCH ST LAUREL, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIPSON, KELLY 307B GREENDALE RD NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN0000451400
 03/10/06-80042-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *Tony Mitchell* **2/19/06** **941-951-3073**
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #