


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**


**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

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2673621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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, 2007**

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

U00000719879  
 05/01/07-80083-006 70.00

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 3078 GREENDALE RD NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **4/17/07** **944 915 0953**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #