


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90011 027 \*\*\*\*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**

**40077198**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2673621**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ 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, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, BOBBY	
STREET ADDRESS	PO BOX 641	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD GIPSON	
STREET ADDRESS	8330 SWISS BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES	
STREET ADDRESS	2881 TUSKETT AVE	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, TONY	
STREET ADDRESS	650 CHURCH ST	
CITY-ST-ZIP	LAUREL, FL 34275	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIPSON, KELLY	
STREET ADDRESS	3078 GREENDALE RD	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08 941 575 4325  
Date Daytime Phone #