
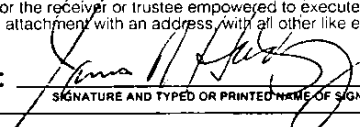


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90046 016 ****61.25

DOCUMENT # N00000005049			
1. Entity Name NORTH CONGREGATION, VENICE, FLORIDA, INC.			
Principal Place of Business 801 RIDGEWOOD AVE VENICE, FL 34292		Mailing Address 3166 VIRGINIA RD VENICE, FL 34293	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1133 Seneca Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Venice, FL	
Zip	Country	Zip	Country
		34293	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RENAISSANCE TAX & BUSINESS SERVICES, INC. 2357-3 S. TAMiami TRAIL SUITE 201 VENICE, FL 34293		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADNAGY, JAMES R	NAME	
STREET ADDRESS	5348 DREW RD.	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, C. WAYNE	NAME	
STREET ADDRESS	1203 EAST GATE DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANE, LAWRENCE	NAME	
STREET ADDRESS	2128 DATE PALM WAY	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292	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	
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 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: 		Date: 1-16-07 Daytime Phone #: 941 375 6852	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0262058 Applied For Not Applicable

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