2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005049

1. Entity Name

NORTH CONGREGATION VENICE, FLORIDA, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90217 025 ****61.25

NOTITI CONGREGATION, VENICE, LEGILDA, INC.								
Principal Place of Business 801 RIDGEWOOD AVE VENICE FL 34292		Mailing Address 5348 DREW ROAD VENICE FL 34293	5348 DREW ROAD					
2. Principal P	Place of Business	3. Mailing Address	Mailing Address					<u> </u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0262058 Applied For Not Applicable			
Zip Country		Zip Country		try	5. Certificate of Status Desired \$8.75 Additional			
6. Name and Address of Curre		Registered Agent			7. Name and Address of New Registered Agent			
	o. Name and Address of Currer	n negistored Agent		Name	, italic ula Audit		-go	
	METTO COURT			Street Address (P.O. Box Number is No	ot Acceptable)		
VENICE I	FL 34285		_					
				City Van		FL	Zip Code - 342	93
	named entity subfilits this statement ions of registered agent.	for the purpose of changing its	registered	office or register	red agent, or both, in th	ne State of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	invand tille if applicable. (NOTI	E: Registered A	Agent signature required	d when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor				· ·	\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HADNAGY, JAMES R 5348 DREW RD. VENICE FL 34293	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARKER, CHARLES 5364 SYRACUSE ROAD VENICE FL 34293	☐ Delete	TITLE NAME STREET	ADDRESS T-ZIP	· നടം .	مسيد	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEPHERD, C. WAYNE 1107 MYRTLE AVE. VENICE FL 34292	☐ Delete	TITLE NAME		03 EAST 6	ate Dr. 34292	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-S		40.07(2)()		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S	T-ZIP ADDRESS T-ZIP	ection 119.07(3)(i), Flor	ida Statutes. I further ce	☐ Change	A

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.

GNATURE:

94/ 492-6693

SIGNATURE:

1-15-03