2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# N00000005347

Entity Name: CALVARY CHAPEL OF VENICE, INC.

Current Principal Place of Business:

4856 ELIZABETH AVENUE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4856 ELIZABETH AVENUE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-1050979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WULFING, BARBARA E
4856 ELIZABETH AVE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PT	( ) Delete
Name:	WULFING, WAYNE R	
Address:	4856 ELIZABETH AVE	
City-St-Zip:	SARASOTA, FL 34233	
Title:	VP	( ) Delete
Name:	THOSTENSON, CHRISTIAN	
Address:	4023 WESTMINISTER DRIVE	
City-St-Zip:	SARASOTA, FL 34241	
Title:	S	( ) Delete
Name:	WULFING, BARBARA E	
Address:	4856 ELIZABETH AVE	
City-St-Zip:	SARASOTA, FL 34233	
Title:	D	( ) Delete
Name:	DIXON, CARL	
Address:	4614 HIDDEN VIEW PL	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	SHEDLEBOWER, DARIN	
Address:	3014 LINWOOD DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	STOUP, ERIC	
Address:	1107 16TH ST. WEST	
City-St-Zip:	BRADENTON, FL 34205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	WULFING, BARBARA E	
Address:	4856 ELIZABETH AVENUE	
City-St-Zip:	SARASOTA, FL 34233	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBAR E WULFING OFFI 02/16/2004
Electronic Signature of Signing Officer or Director — Date