2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005347

Surrent Bringing Blood of Buginess

Entity Name: CALVARY CHAPEL OF VENICE, INC.

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
738 SHAMROCK BLVD VENICE, FL 34292		602 ALBEE FARM ROAD NOKOMIS, FL 34275	
Current Mailing Address:		New Mailing Address:	
211 E DEARBORN STREET ENGLEWOOD, FL 34223		3729 STOKES DRIVE SARASOTA, FL 34232	
FEI Number: 65-1050979	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
WULFING, BARBARA E		WULFING, BARBARA E	

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: 02/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SARASOTA, FL 34235

City-St-Zip:

211 E DEARBORN STREET

ENGLEWOOD, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

New Principal Block of Business

3729 STOKES DRIVE

SARASOTA, FL 34232

() Delete (X) Change () Addition WULFING, WAYNE R WULFING, WAYNE R Name: Name: Address: 211 E DEARBORN STREET Address: 3729 STOKES DRIVE City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: (X) Change () Addition WULFING, BARBARA E Name: Name: WULFING, BARBARA E Address: 211 E DEARBORN STREET Address: 3729 STOKES DRIVE City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: (X) Change () Addition WULFING, BARBARA E Name: WULFING, BARBARA E Name: 211 E DEARBORN STREET 3729 STOKES DRIVE Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: () Change () Addition DIXON, CARL Name: Name: 4614 HIDDEN VIEW PL Address: Address:

Title: D () Delete Title: () Change () Addition

 Name:
 SHEDLEBOWER, DARIN
 Name:

 Address:
 3014 LINWOOD DR
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: BARBARA WULFING VP 02/10/2007