2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N00000005347

Entity Name: CALVARY CHAPEL OF VENICE, INC.

Current Principal Place of Business:

602 ALBEE FARM ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

3729 STOKES DRIVE
SARASOTA, FL 34232

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
3729 STOKES DRIVE
SARASOTA, FL 34232 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:	3729 STOKES DRIVE	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VP	( ) Delete
Name:	WULFING, BARBARA E	
Address:	3729 STOKES DRIVE	
City-St-Zip:	SARASOTA, FL 34232	
Title:	S	( ) Delete
Name:	WULFING, BARBARA E	
Address:	3729 STOKES DRIVE	
City-St-Zip:	SARASOTA, FL 34232	
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	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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

SIGNATURE: BARBARA E WULFING VP 02/12/2008

Electronic Signature of Signing Officer or Director — Date