

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # 725520

**1. Entity Name
VENICE CHURCH OF THE NAZARENE INC**



**Principal Place of Business
1535 E. VENICE AVE.
VENICE, FL 34292**

**Mailing Address
1535 E. VENICE AVE.
VENICE, FL 34292**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1582443	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DAVID SHORE
1535 E. VENICE AVE.
VENICE CHURCH OF THE NAZARENE
VENICE, FL 33592**

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SMITH, CHARLES
STREET ADDRESS	567 SILK OAK DRIVE
CITY - ST - ZIP	VENICE, FL 34293
TITLE	C
NAME	MAHLER-BENSON, JOY
STREET ADDRESS	2313 GOYA DR.
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	C
NAME	KIDWELL, SEAN
STREET ADDRESS	1191 FAUN RD.
CITY - ST - ZIP	VENICE, FL 34293
TITLE	CT
NAME	PARKER, DAVID
STREET ADDRESS	1104 PINELAND AVE
CITY - ST - ZIP	VENICE, FL 34292
TITLE	SD
NAME	CONGDON, ESTHER
STREET ADDRESS	534 AMBERJACK DRIVE
CITY - ST - ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UC00000010114
01/22/04-80018-010 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Esther C. Congdon, ESTHER C. CONGDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-04 (941) 488-5007

Date

Daytime Phone #