

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702673 (5)
1. Corporation Name

VENICE ASSEMBLY OF GOD INCORPORATED



Principal Place of Business
695 CENTER ROAD
VENICE FL 34284

Mailing Address
695 CENTER ROAD
VENICE FL 34284

3. Date Incorporated or Qualified 07/05/1961	3a. Date of Last Report 05/18/1995
4. FEI Number 59-2400467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 34292 Country	28 Zip 34292 Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name GRAY, GARY A 121 W PONOCO TRAIL WILLOW RUN NOKOMIS FL 34275		82 Street Address (P.O. Box Number is Not Acceptable) 389 GULF BREEZE BLVD	
83		84 City VENICE FL 85 Zip Code 34293	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GRAY, GARY A 121 W PONOCO TRAIL NOKOMIS FL	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SMITH, GERALD 587 COLGATE RD VENICE FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	T CAMPBELL, BOB PO BOX 1117 NA VENICE FL	13 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D CUADRO, GILBERT 3450 ORANGE ROAD VENICE FL	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D KONA, GEORGE SR. 2040 EDMONDSON ROAD NOKOMIS FL	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D DALTON, MICHAEL 405 FAUN RD VENICE FL	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		23 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		33 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		43 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		53 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary A Gray Date: Jan. 30, 1996 Daytime Phone #: 941-497-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)