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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702673** (5)

1. Corporation Name

VENICE ASSEMBLY OF GOD INCORPORATED

Principal Place of Business

**695 CENTER ROAD
VENICE FL 34292
US**

Mailing Address

**695 CENTER ROAD
VENICE FL 34292-3906
US**



3. Date Incorporated or Qualified
07/05/1961

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-2400467

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GRAY, GARY A
389 GULF BREEZE BLVD
WILLOW RUN
VENICE FL 34293**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P GRAY, GARY A**
STREET ADDRESS **289 GULF BREEZE BLVD**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE

NAME **S SMITH, GERALD**
STREET ADDRESS **587 COLGATE RD**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE

NAME **T TOBIAS, ADAM P.**
STREET ADDRESS **2439 LOGAN RD**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE

NAME **D CUADRO, GILBERT**
STREET ADDRESS **3450 ORANGE ROAD**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE

NAME **D COWAN, NEIL**
STREET ADDRESS **384 DORCHESTER DR**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE

NAME **D DALTON, MICHAEL**
STREET ADDRESS **405 FAUN RD**
CITY-ST-ZIP **VENICE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Adam P. Tobias **Adam P Tobias** 3/27/97 (94)497-5683

CR2E037 (9/96)