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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country	2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country
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3. Date Incorporated or Qualified 07/05/1961	
4. FEI Number 59-2400467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 [85] Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	GRAY, GARY A
STREET ADDRESS	289 GULF BREEZE BLVD
CITY - ST - ZIP	VENICE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SMITH, GERALD
STREET ADDRESS	587 COLGATE RD
CITY - ST - ZIP	VENICE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	TOBIAS, ADAM P.
STREET ADDRESS	2439 LOGAN RD
CITY - ST - ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CUADRO, GILBERT
STREET ADDRESS	3450 ORANGE ROAD
CITY - ST - ZIP	VENICE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COWAN, NEIL
STREET ADDRESS	384 DORCHESTER DR
CITY - ST - ZIP	VENICE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DALTON, MICHAEL
STREET ADDRESS	405 FAUN RD
CITY - ST - ZIP	VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S/D
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KERN, JEFF
5.3 STREET ADDRESS	2160 W DOLPHIN DR
5.4 CITY - ST - ZIP	ENGLEWOOD FL 34223
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CAIN, DENIS
6.3 STREET ADDRESS	871 MOHAWK RD
6.4 CITY - ST - ZIP	VENICE FL 34293

14. 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 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* 4/13/98 (941) 497-5683

CR2E037 (10/97)