NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 702673

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

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90126 034 ****70.00





ı											
2. Principal F			3.	. Date Incorporated or Qualifed	t						
21	. 1200 07 210111000	2a. Mailing Address				07/05/1961					
Suite, Apt	. #. etc.	Suite, Apt. #, etc.			4.	- FEI Number		A	oplied For		
22	,	27			1	59-2400467			ot Applicable		
City & Sta	ate	City & State				C. If the State Property	-	\$8.75	Additional		
23		28			3	. Certifcate of Status Desired	×	Fee R	equired		
Zip	Country	Zip	Count	гу	6	Election Campaign Financing	·	\$5.00	May Be		
24	25	29 3	30			Trust Fund Contribution	Ц	Added	to Fees		
	9. Name and Address of Curre	nt Registered Agent			10	Name and Address of New	Registered	Agent			
			8	1 Name							
GRAY, GARY A					82 Street Address (P.O. Box Number is Not Acceptable)						
,	F BREEZE BLVD		آ ا	Substitution (i. 10). Box (indicate in the indicate in the ind							
WILLOW RUN					83						
	FL 34293		-	84 City							
OLINOL I	,		ľ	4 City	ヘモン	ICF	FL	85 Zip	Code		
11. Pursuant	t to the provisions of Sections 617.05	02 and 617.1508. Florida Statutes	s, the abo	ve-named	comoratio	on submits this statement for the	e purpose of	changing its	registered		
office or	registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was aut	horized h	IV the comi	oration's b	poard of directors. I hereby according	ept the appoi	intment as re	gistered		
	는 경기 '숙기없' 이무지 않았다.	ations of, Section 617.0000, Florid	ua Olaluk	,,,							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Aç	ent signature d	required when	reinstating)	DATE				
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	p		1.1 TITLE					☐ Change	Additio		
NAME	GRAY, GARY A		1.2 NAMI	E							
STREET ADDRESS	0111		1.3 STRE	ET ADDRESS		•					
CITY-ST-ZIP	VENICE FL		1.4 CITY-	-ST-ZIP					_		
TITLE	S	DELETE	2.1 TITLE		SID			☐ Change	Additio		
NAME	SMITH, GERALD		2.2 NAMI	E	FOR	MAN, KENNETH	C				
STREET ADDRESS			2.3 STRE	ET ADDRESS	218	9 BRIANT ST					
CITY-ST-ZIP	VENICE FL		2. 4 CITY		NOR	TH FORT FL	3421	.1			
TITLE	T	☐ DELETE	3.1 TITLE		<u> </u>	•		☐ Change	☐ Additio		
NAME	TOBIAS, ADAM P.	_	3.2 NAM								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	1.000		3.4. CITY								
TITLE	D VENIOE PE	☐ DELETE	4.1 TITLE					Change	☐ Additio		
NAME	CUADRO, GILBERT	<u> </u>	4. 2 NAM	_	1			-			
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	VENICE FL		4.4 CITY								
TITLE	D VENIOR PL	DELETE	5.1 TITLE		D			Change	≱ Additio		
NAME	1 -		5.2 NAM		STU	ART, HERELD			_		
	KERN, JEFF			ET ADDRESS	411	LA ADSEDGE C	<u>_</u> T				
STREET ADDRESS			5.4 CITY			THE PORT FL		287			
CITY-ST-ZIP	ENGLEWOOD FL 34223	☐ DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Additio		
	D DENIE		6.2 NAM								
NAME	CAIN, DENIS				i i						
STREET ADDRESS	s 871 MOHAWK RD		6.3 STR	ET ADDRESS	1						

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, with all other like empowered.

6.4 C/TY-ST-ZiP

SIGNATURE:

CITY-ST-ZIP

VENICE FL 34293