2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702673

FILED Mar 30, 2005 Secretary of State

Entity Name: VENICE ASSEMBLY OF GOD INCORPORATED

Current P	rincipal Place of Business:	New Principal Place o	of Business:
695 CENT VENICE, F	ER ROAD FL 34292 US	695 CENTER ROAD VENICE, FL 34285	US
Current M	failing Address:	New Mailing Address	:
695 CENT VENICE, F	ER ROAD FL 34292 US	695 CENTER ROAD VENICE, FL 34285	US
FEI Number	: FEI Number Applie	ed For () FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of Current Registere	d Agent: Name and Address of	New Registered Agent:
GRAY, GA 389 GULF VENICE, F	BREEZE BLVD		
	e named entity submits this staten e of Florida.	nent for the purpose of changing its registered	l office or registered agent, or both
SIGNATU	RE:		
	Electronic Signature of Re	gistered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	P () Delete GRAY, GARY A 289 GULF BREEZE BLVD VENICE, FL	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name:	SD () Delete FORMAN, KENNETH C 178 SANDHURST DR.	Title: Name: Address:	()Change ()Addition
Address:	VENICE, FL 34293	City-St-Zip:	
Address: City-St-Zip: Title: Name: Address:	VENICE, FL 34293 T () Delete CUADRO, GILBERT 3450 ORANGE RD VENICE, FL 34293		()Change ()Addition
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	T () Delete CUADRO, GILBERT 3450 ORANGE RD VENICE, FL 34293 D () Delete MAUCK, WALTER 508 S. NAPONSIT DR	Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	T () Delete CUADRO, GILBERT 3450 ORANGE RD VENICE, FL 34293 D () Delete MAUCK, WALTER 508 S. NAPONSIT DR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT CUADRO ADMI 03/30/2005