


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 702673	
1. Entity Name VENICE ASSEMBLY OF GOD INCORPORATED	

Principal Place of Business 695 CENTER ROAD VENICE, FL 34285 US	Mailing Address 695 CENTER ROAD VENICE, FL 34285 US
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03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000460749 03/20/06-80023-016 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, GARY A 289 GULF BREEZE BLVD VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORMAN, KENNETH C 178 SANDHURST DR. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUADRO, GILBERT 3450 ORANGE RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUCK, WALTER 508 S. NAPONSIT DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONA, GEORGE JR 1246 FUNDY ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, DENIS 871 MOHAWK RD VENICE, FL 34293

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary A. Gray 3/2/06 941-497-5683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #