2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 702673

Entity Name: VENICE ASSEMBLY OF GOD INCORPORATED

Current Principal Place of Business:

695 CENTER ROAD
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

695 CENTER ROAD
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 59-2400467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GRAY, GARY A	
Address:	289 GULF BREEZE BLVD	
City-St-Zip:	VENICE, FL	
Title:	SD	( ) Delete
Name:	FORMAN, KENNETH C	
Address:	178 SANDHURST DR.	
City-St-Zip:	VENICE, FL 34293	
Title:	T	( ) Delete
Name:	CUADRO, GILBERT	
Address:	3450 ORANGE RD	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	MAUCK, WALTER	
Address:	508 S. NEPONSIT DR	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	KONA, GEORGE JR	
Address:	1246 FUNDY ROAD	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	CAIN, DENIS	
Address:	871 MOHAWK RD	
City-St-Zip:	VENICE, FL 34293	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 ADM. 04/16/2009
Electronic Signature of Signing Officer or Director — Date