

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705525

FILED
Jan 13, 2009
Secretary of State

Entity Name: VENICE UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business:

620 SHAMROCK BLVD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

620 SHAMROCK BLVD
VENICE, FL 34293

New Mailing Address:

FEI Number: 59-1111119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWE, RONALD
1562 FUNDY RD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

KORMAN, JAMES
1258 RESERVE DR
VENICE, FL 34285 US

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: JAMES W. KORMAN

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BUCKLEY, LOIS E
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: TD () Delete
Name: KORMAN, JAMES W
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: MD () Delete
Name: THOENE, MILTON
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: VMD () Delete
Name: MINK, JAMES R
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: VMD () Delete
Name: ONNIE, JANET M
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: VD (X) Delete
Name: PROTZE, HERMAN G
Address: 620 SHAMROCK BLVD
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: MD (X) Change () Addition
Name: PROTZE, HERMAN
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: VMD (X) Change () Addition
Name: HAMLIN, CHESTER
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: VMD (X) Change () Addition
Name: APPEL, WALLY
Address: 620 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

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: JAMES W. KORMAN

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date