

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706804 (2)

1. Corporation Name
VENICE PRESBYTERIAN CHURCH, INC.



Principal Place of Business: 111 E FIRENZE AVE, VENICE FL 34285-3511
Mailing Address: 111 E FIRENZE AVE, VENICE FL 34285-3511

3. Date Incorporated or Qualified: 02/06/1964
3a. Date of Last Report: 03/31/1995

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4	FBI Number	Applied For
	59-1026361	Not Applicable
5	Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>	
6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>	
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEHMAN, LEAH E. 1585 TARPON CENTER DR VENICE FL 34292				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORBUSH, RICHARD			1.2 NAME	Lehman, Leah E		
STREET ADDRESS	1104 SKLAR DR. E			1.3 STREET ADDRESS	1585 Tarpon Center Dr		Same as Report
CITY-ST-ZIP	VENICE FL			1.4 CITY-ST-ZIP	Venice FL 34292		LAST YEAR
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DOROTHY			2.2 NAME	Robert Titus		
STREET ADDRESS	105 HOURGLASS DR			2.3 STREET ADDRESS	1837 Ashely Dr		" " "
CITY-ST-ZIP	VENICE FL			2.4 CITY-ST-ZIP	Venice FL 34292-4333		" " "
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICKETT, JESSE M JR			3.2 NAME			
STREET ADDRESS	406 WELLINGTON COURT			3.3 STREET ADDRESS	800001730898		
CITY-ST-ZIP	VENICE FL			3.4 CITY-ST-ZIP	-03/04/96--01069--027		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LINGLE, HELEN			4.2 NAME	Billy D Moore		
STREET ADDRESS	915 KEY WAY			4.3 STREET ADDRESS	1910 Innisbrook Ct		
CITY-ST-ZIP	NOKOMIS FL			4.4 CITY-ST-ZIP	Venice FL 34293-3810		
TITLE	PT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, EDWIN			5.2 NAME	Ralph C Wagner		
STREET ADDRESS	976 E. GONDOLA DR			5.3 STREET ADDRESS	548 Warwick Ln		
CITY-ST-ZIP	VENICE FL			5.4 CITY-ST-ZIP	Venice FL 34293-4225		
TITLE	TD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, EDMUND			6.2 NAME			
STREET ADDRESS	951 INLET CIR. RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Leah E Lehman Date: 02-24-96 Daytime Phone #: 941 488 6791

CR2E037 (12/95)