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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(2)

| VENICE PRESBYTERIAN CHURCH, INC. | | | | | | | | | | | | |
|---|--|-------------------|------------------------|-------------------|--|------------------------|---|--|-----------|---------------------------|--------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | JAN DEBAN BIBAN DI | JOH GIUM IGUI | |
| 111 E FIRENZE AVE VENICE FL 34285-3511 | | | | | | | | | | | | |
| | | | | | | | | 3. Date incorporated or Qualified 02/06/1964 | 3a. Da | te of Last Re 03/04/19 | eport 96 | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4. FEI Number 59-1026361 | | | plied For | |
| 21 Suite, Apt #, etc. | | | Suite, Apt. #, etc. | | | | | 08-1020001 | | | t Applicable | |
| 22 | | | 27 | | | | 5. Certificate of Status Desired | | \$8.75 A | | | |
| City & State | | | City & State | | | | 6. Election Campaign Financing | · | \$5.00 | <u> </u> | | |
| 23 | | | 28 | | | | Trust Fund Contribution | | Added to | | | |
| Zip | Country | \vdash | Zip | | intry | | | 8. This corporation has liability for it | | | 199.032, | |
| 24 | D. Name and Address of Cur | 1 | 29 30 | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | 81 | Name | | IV. Hallie elle Adeless VI New He | hararan 1 | - Gain | | |
| I EHMAN | , LEAH E. | | | | 82 | | | | | | | |
| | RPON CENTER DR | | | | | Street A | \aares | dress (P.O. Box Number is Not Acceptable) | | | | |
| VENICE FL 34292 | | | | | | | | | | | | |
| | | | | | 84 | City | | · · · · · · · · · · · · · · · · · · · | | 85 Zip (| Code | |
| | | *********** | | | | | | | FL | | 1 | |
| 11. Pursuant to office or re | es, the al outhorize | bove d by | e-named of the corp | corpor oration | ation submits this statement for the po's board of directors. I hereby accep | urpose of t the app | changing its ointment as | s registered registered | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered | when reinstating) | DATE | | | | | | | | | |
| 12. | OFFICERS / | | | 13. | a villa | i s signation o | - equiled | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | S IN 12 | |
| TITLE | PT | | DELETE | 1.5 TI | TLE | | | | | Change | Addition | |
| NAME | LEHMAN, LEAH | | | 1.2 N | AME | | | | | | | |
| STREET ADDRESS | 1585 TARPON CENTER DE | } | 1.3 \$ | | | ADORESS | | | | | | |
| CITY-ST-ZIP | VENICE FL 34292 | | | 1.4 CIT | | | | | | | | |
| TITLE | ST | | DELETE | 2.1 TI | TLE | | | | | Change | Addition | |
| NAME | TITUS, ROBERT | | | 2.2 NA | | | | | | | | |
| STREET ADDRESS | 1837 AHSLEY DR | | | | | ADORESS | | | | | | |
| GRY-ST-ZIP | VENICE FL 34292-4333 DT DELETE | | | | 2. 4 CITY - ST - ZIP 3.1 TITLE | | | | | Change | Addition | |
| TITLE | DTDELETE PICKETT, JESSE M JR | | | | | | | STER, JACK | , | Ullange عر | CT VOOIIION | |
| NAME Street address | 406 WELLINGTON COURT | | | | | | | O CARNOUSTIE DRIVE | | | | |
| CITY-ST-ZIP | VENICE FL | | | | | | | nice, FL 34293 | | | | |
| TITLE | DT | | DELETE | 4.1 Ti | | ., L" | | | | Change | Addition | |
| NAME | MOORE, BILLY | | | 4. 2 N | IAME | | | | | • | | |
| STREET ADDRESS | 1910 INNISBROOK CT | | | 4.3 S | 4.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | NOKOMIS FL | | | 4.4 C | 4.4 CITY - ST - ZIP | | | | | | | |
| TITLE | VT DELETE | | 5.1 TI | 5.1 TITLE | | DT | | , | Change | Addition | | |
| NAME | WAGNER, RALPH C | | | 5.2 N | AME | | | LLER, ALAN | | | 1 | |
| STREET ADDRESS | 548 WARWICK LN | | | 5.3 S | TREET | ADDRESS | | 64 CAPRI ISLES BLVD | | | | |
| CITY-ST-ZIP | VENICE FL 34293-4225 | | Deceme | _ | _ | T-ZIP | | NICE, FL 34292 | | | | |
| TITLE | TD CAMPBELL FOMILIES | | ☐ DELETE | 6.1 TI | | j | V? | Γ | , | Change | Addition | |
| NAME | CAMPBELL, EDMUND | | | 6.2 N | | | | | | | | |
| STREET ADDRESS | 951 INLET CIR. RD. VENICE FL | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | VENIVE FL | عله طفانية امضا | :- 40: dail 19 | 6.4 C | TY-5 | 1-219 | الممال | Castian 110 07/2Vi) Florida Ctat da | . 17.46. | | | |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

1-941-488-2258

FILED

Feb 10 1997 8:00am

Secretary of State