

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**02/06/1964**

4. FEI Number  
**59-1026361**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**LEHMAN, LEAH E.  
1585 TARPON CENTER DR  
VENICE FL 34292**

10. Name and Address of New Registered Agent  
81 Name **Moore, Billy**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1910 Innisbrook Ct.**  
83  
84 City **Venice,** **FL** 85 Zip Code **34293**

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 *Billy Moore* **Billy Moore, President** **6-9-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, LEAH	
STREET ADDRESS	1585 TARPON CENTER DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TITUS, ROBERT	
STREET ADDRESS	1837 AHSLEY DR	
CITY-ST-ZIP	VENICE FL 34292-4333	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FOSTER, JACK	
STREET ADDRESS	820 CARNOUSTIE DR	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MOORE, BILLY	
STREET ADDRESS	1910 INNISBROOK CT	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN	
STREET ADDRESS	1984 CAPRI ISLES BLVD	
CITY-ST-ZIP	VENICE FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, EDMUND	
STREET ADDRESS	951 INLET CIR. RD.	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gurney, Margaret	
1.3 STREET ADDRESS	1719 N. Gondola Ct.	
1.4 CITY-ST-ZIP	Venice, FL. 34293	
2.1 TITLE	D.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Venice, FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mowry, Snowden	
6.3 STREET ADDRESS	802 Nokomis Ave., S.	
6.4 CITY-ST-ZIP	Venice, FL. 34285	

14. I 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: *Margaret Gurney* **MARGARET GURNEY** **5-7-98** **492-9424**

CR2E037 (10/97)