

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90205 015 ****61.25

DOCUMENT # 706804

1. Entity Name

VENICE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

111 E FIRENZE AVE
 VENICE FL 34285-3511

111 E FIRENZE AVE
 VENICE FL 34285-3511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1026361

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOWRY, SNOWDEN
802 NOKAMIS AVE S
VENICE FL 34285

Name

Elizabeth Arnold

Street Address (P.O. Box Number is Not Acceptable)

1335 Pine Needle Rd

City

Venice

FL

Zip Code
34292

8. 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

Elizabeth W. Arnold

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TT**
GURNEY, MARGARET
 STREET ADDRESS **1719 N GONDOLA CT**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
ARNOLD, ELIZABETH
 STREET ADDRESS **1335 PINE NEEDLE RD**
 CITY-ST-ZIP **VENICE FL 34292-4333**

TITLE Change Addition
 NAME **PT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
FOSTER, JACK
 STREET ADDRESS **820 CARNOUSTIE DR**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME **Carol Talbot**
 STREET ADDRESS **409 Marillo Dr.**
 CITY-ST-ZIP **Nokomis FL 34275**

TITLE Delete
 NAME **DT**
WATTERS, ERIC
 STREET ADDRESS **192 INLETS BLVD**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
MILLER, ALAN
 STREET ADDRESS **1364 CAPRI ISLES BLVD**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME **Marshall Peters:**
 STREET ADDRESS **1754 N. Lakeside Ct**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE Delete
 NAME **PT**
MOWRY, SNOWDEN
 STREET ADDRESS **802 NOKOMIS AVE S**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Gurney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secy/Treas

4-25-00

941-492-2424

Date Daytime Phone #

CR2E037 (9/99)