

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706804

Entity Name

VENICE PRESBYTERIAN CHURCH, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90129 016 ****61.25

Principal Place of Business 111 E FIRENZE AVE VENICE FL 34285-3511	Mailing Address 111 E FIRENZE AVE VENICE FL 34285-3511
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ARNOLD, ELIZABETH 1335 PINE NEEDLE RD VENICE FL 34292		7. Name and Address of New Registered Agent Name: Marshall Peters Street Address (P.O. Box Number is Not Acceptable): 1754 N. Lakeside Ct. City: Venice FL Zip Code: 34293	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
LE ME REET ADDRESS Y-ST-ZIP TT BING, JEAN 431 BAYSHORE RD NOKOMIS FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary James Garard 1143 Denan Place NoKomis, FL 34275-4422	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP PT ARNOLD, ELIZABETH 1335 PINE NEEDLE RD VENICE FL 34292-4333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Bonnie Johnston 433 S. Casey Key Rd. NoKomis, FL 34275-3336	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP DT JARRETT, JERRY 718 GOLDEN BEACH BLVD #10 VENICE FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Billy Moore 1910 Innisbrook Court Venice, FL 34293-3910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP W GROVER, W. SCOTT 2241 LAKEWOOD DR NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP VP PRESIDENT PETERS, MARSHALL 1754 N. LAKESIDE CT VENICE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DEBOER, JANET 614 Four Bays Drive NoKomis, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP DT DEBOER DEBOER, JANET 2021 WHITE FEATHER LANE NOKOMIS FL 34275	<input type="checkbox"/> Delete		

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: MARSHALL PETERS 2/4/02 941-493-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)