



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90010 025 ****61.25

DOCUMENT # 706804					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1026361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, BILLY 1910 INNSBROOK INNSBROOK CT VENICE, FL 34293			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TT	<input checked="" type="checkbox"/> Delete	TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BING, JEAN		NAME	HENDON, DONNA	
STREET ADDRESS	431 BAYSHORE RD		STREET ADDRESS	576 SAWGRASS BRIDGE ROAD	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	VENICE FL 34292	
TITLE	S	<input type="checkbox"/> Delete	TITLE	SECRETARY/TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARARD, JAMES		NAME	GARARD, JAMES	
STREET ADDRESS	1143 DERIAN PLACE		STREET ADDRESS	1143 DERIAN PLACE	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLEY, JAKC		NAME	GODLEY, JACK	
STREET ADDRESS	2084 TOCO BAGO LANE		STREET ADDRESS	2094 TOCOBAGA LANE	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT/TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BILLY		NAME	MOORE, BILLY	
STREET ADDRESS	433 S. CASEY KEY ROAD		STREET ADDRESS	1910 INNSBROOK CT	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	VENICE FL 34293	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDAKO, GEORGE A		NAME	FEDAKO, GEORGIE ANN	
STREET ADDRESS	1184 SORRENTO WOODS BLVD		STREET ADDRESS	1134 SORRENTO WOODS BLVD.	
CITY-ST-ZIP	NOKOMIS, FL 34274		CITY-ST-ZIP	NOKOMIS FL 34274	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBOAR, JANET		NAME	METZGER, JON	
STREET ADDRESS	614 FOUR BAYS DRIVE		STREET ADDRESS	1705 KILRUSS DR	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	VENICE FL 34292	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.97(3)(f), 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: Billy Moore				03/09/04 941-497-5355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

54017476



01292004 Chg-NP CR2E037 (10/03)

Attachments - 706504

54017476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Curran, Kimberly
805 Coral Bean Cove
Venice, FL 34293

Change

Addition

From
