

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706804

FILED
Apr 20, 2007
Secretary of State

Entity Name: VENICE PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

111 E FIRENZE AVE
VENICE, FL 342853511

New Principal Place of Business:

Current Mailing Address:

111 E FIRENZE AVE
VENICE, FL 342853511

New Mailing Address:

FEI Number: 59-1026361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARARD, JAMES A
1143 DERIAN PLACE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GURNEY, MARGARET
Address: 1719 N GONDOLA CT
City-St-Zip: VENICE, FL 34293

Title: VT () Delete
Name: PENICK, ALAN
Address: 600 SAWGRASS BRIDGE RD
City-St-Zip: VENICE, FL 34292

Title: PT () Delete
Name: GARARD, JAMES A
Address: 1143 DERIAN PLACE
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: HAWKEN, E. ROBERT
Address: 2105 TOCOBAGA LANE
City-St-Zip: NOKOMIS, FL 34275

Title: ST () Delete
Name: MANNING, DONALD
Address: 323 VENICE GOLF CLUB DRIVE
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: CAMPBELL, EDMUND
Address: 951 INLET CIRCLE ROAD
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: SLATTERY, THOMAS
Address: 460 ANCHORAGE DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: CAMPBELL, EDMUND
Address: 951 INLET CIRCLE ROAD
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A GARARD

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date