

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90092 036 ****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**

90009613



☐ CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, MARSHALL
1754 N. LAKESIDE COURT
VENICE FL 34293**

Name

MOORE, BILLY

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

1910 INNISBROOK COURT

City

VENICE

FL

Zip Code

34293

8. The above named entity submits this statement for the purpose of changing its registered office: _____ in the State of Florida. I am familiar with the obligations of registered agent.

SIGNATURE

[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. ☐

\$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** ☐ Delete
NAME **BING, JEAN**
STREET ADDRESS **431 BAYSHORE RD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GARARD, JAMES**
STREET ADDRESS **1143 DERIAN PLACE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **JOHNSTON, BONNIE**
STREET ADDRESS **433 S. CASEY KEY ROAD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **GOOLEY, JACK**
STREET ADDRESS **2094 TBCO BAGO LANE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VP** ☐ Delete
NAME **MOORE, BILLY**
STREET ADDRESS **433 S. CASEY KEY ROAD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MOORE, BILLY**
STREET ADDRESS **1910 INNISBROOK COURT**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **P** ☒ Delete
NAME **PETERS, MARSHALL**
STREET ADDRESS **1754 N. LAKESIDE CT**
CITY-ST-ZIP **VENICE FL**

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **FEDAKO, GEORGE ANN**
STREET ADDRESS **1134 SORRENTO WOODS BLVD.**
CITY-ST-ZIP **NOKOMIS FL 34274**

TITLE **DT** ☐ Delete
NAME **DEBOER, JANET**
STREET ADDRESS **614 FOUR BAYS DRIVE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☒ Change ☐ Addition
NAME **DEBOER, JANET**
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:

SIGNATURE REQUIRED

01/13/03

CR2E037 (10/02)