

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707740 (7)

1. Corporation Name  
**FIRST CHRISTIAN CHURCH OF VENICE, INC.**



Principal Place of Business: 1475 VENICE AVENUE EAST, VENICE FL 34292  
Mailing Address: 1475 VENICE AVENUE EAST, VENICE FL 34292

3. Date Incorporated or Qualified: 08/24/1964  
3a. Date of Last Report: 03/08/1995  
4. FEI Number: 59-6139017  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**BUTTERWORTH, ROBERT L  
1723 ARDRY WAY  
VENICE FL 34292**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR BUTTERWORTH, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1723 ARDRY WAY	1.2 NAME	
STREET ADDRESS	VENICE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TR FARNSWORTH, MARGARET	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	803 SORRENTO PLACE	2.2 NAME	
STREET ADDRESS	NOKOMIS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TR GOWAN, LESLIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1720 SKLAR COURT	3.2 NAME	
STREET ADDRESS	VENICE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TR HINE, HOPE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	509 PALM AVE	4.2 NAME	
STREET ADDRESS	NOKOMIS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TR SAVAGE, RAY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1228 PINEBROOK WAY	5.2 NAME	
STREET ADDRESS	VENICE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TR MARTIN, MERVIN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 HARBOUR DR	6.2 NAME	
STREET ADDRESS	VENICE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Butterworth* 4/25/96 949 488-6676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)