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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90105 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707740

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/24/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6139017
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARROTT, NANCY 1757 CARTINA WAY VENICE FL 34292		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	3354 AVANTI CIRCLE
		83.	
		84. City	NORTH PORT FL
		85. Zip Code	34287

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: *Nancy K. Parrott* DATE: 3/29/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	BROWN BRUCE PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWEES, CHARLOTTE	1.2 NAME	1768 HUDSON ST
STREET ADDRESS	1728 POMELO DRIVE	1.3 STREET ADDRESS	ENGLEWOOD FL 34223
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEHLER, MADGE	2.2 NAME	
STREET ADDRESS	1500 PARK BEACH CIRCLE #5B	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA FORDA FL 33950	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARROTT, NANCY	3.2 NAME	3354 AVANTI CIRCLE
STREET ADDRESS	1757 CARTINA WAY	3.3 STREET ADDRESS	NORTH PORT FL 34287
CITY-ST-ZIP	VENICE FL 34292	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CAROL	4.2 NAME	JEAN WEBB S
STREET ADDRESS	1768 HUDSON ST	4.3 STREET ADDRESS	414 BIMINI AV
CITY-ST-ZIP	ENGLEWOOD FL 34223	4.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, RAY	5.2 NAME	
STREET ADDRESS	1228 PINEBROOK WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, BRUCE	6.2 NAME	HAROLD WHITIS ST
STREET ADDRESS	1768 HUDSON ST	6.3 STREET ADDRESS	720 MYRTLE AV
CITY-ST-ZIP	ENGLEWOOD FL 34223	6.4 CITY-ST-ZIP	VENICE FL 34292

14. 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 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, with all other like empowered.

SIGNATURE: *Nancy K. Parrott* DATE: 3/29/99 DAYTIME PHONE #: 941-426-8573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037 (1/1/98)