

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707740

1. Entity Name

FIRST CHRISTIAN CHURCH OF VENICE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90019 047 ****61.25

Principal Place of Business 1475 VENICE AVENUE EAST VENICE FL 34292	Mailing Address 1475 VENICE AVENUE EAST VENICE FL 34292-3064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-6139017	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

PARROTT, NANCY
3354 AVANTI CIR
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name **Carol L. Brown**
 Street Address (P.O. Box Number is Not Acceptable)
1768 Hudson St.
Englewood
 City **FL** Zip Code **34223**

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.

SIGNATURE *Carol L. Brown* DATE **4/5/2000**
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 **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, BRUCE 1768 HUDSON ST ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUEHLER, MADGE 1500 PARK BEACH CIRCLE #5B PUNTA FORDA FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARROTT, NANCY 3354 AVANTI CIR NORTHPORT FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J WEBB, JEAN 414 BIMINI AVE VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SAVAGE, RAY 1228 PINEBROOK WAY VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITIS, HAROLD 720 MYRTLE AVE VENICE FL 34292	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rowland Dumm 903 Nogaya Ave., w Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Carol Brown 1768 Hudson St Englewood, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Sylvia Irish 229 Park Blvd, N Venice, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Jean Webb 414 Bimini Ave Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol L. Brown* **REQUIRED** DATE: **4/5/2000** DAYTIME PHONE #: **(941) 475-1751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #