


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90002 003 ****61.25

DOCUMENT # 707740
 1. Entity Name
FIRST CHRISTIAN CHURCH OF VENICE, INC.



Principal Place of Business
**1100 CENTER RD
 VENICE, FL 34292**

Mailing Address
**1100 CENTER RD
 VENICE, FL 34292**

50001630



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6139017

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
**MILLER, WILLIAM D
 4863 ORANGE TREE PLACE
 VENICE, FL 34293**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD, JOHN <input type="checkbox"/> Delete 429 LAKE OF THE WOODS DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete STEBBINS, WILLIAM 656 BACK NINE DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete WEBB, JEAN 414 BIMINI AVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE <input checked="" type="checkbox"/> Delete STOLTZ, RICK 4283 TENNYSON WAY VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete JOHNSTON, WILLIAM 5028 SOUTHERN PINE CIRCLE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete RIORDAN, MIKE 861 DAHOON CIRCLE VENICE, FL 34293

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORGAN, DONALD 3759 BISCAYNE DRIVE N. NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHANSSON, KNUTE 612 BALSAM APPLE DRIVE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MILLER, FREDA 4863 ORANGE TREE PL. VENICE, FL 34293

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: John M. Lloyd Johnson 1/09/05 (941) 484-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #