

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 011 ****61.25

DOCUMENT # 709683 1. Entity Name NEW VENTURE CHURCH, INC., TITUSVILLE, FLORIDA					
Principal Place of Business 77 N. CARPENTER RD. TITUSVILLE, FL 32796			Mailing Address 77 N. CARPENTER RD. TITUSVILLE, FL 32796		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1606967	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KISER, KEITH O 2650 GLENDALE BLVD. MIMS, FL 32754				7. Name and Address of New Registered Agent Name <u>Charles Arms</u> Street Address (P.O. Box Number is Not Acceptable) <u>1099 Macen Dr.</u> City <u>Titusville</u> FL Zip Code <u>32780</u>	
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 <u>[Signature]</u> <u>Charles Arms</u> <u>1-29-08</u> 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T PHILIPS, JANE 3967 TANGLE DR TITUSVILLE, FL 32796	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELSEL, MARILYN 1505 PUTTER CT TITUSVILLE, FL 32780	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBOORD, JANET 3551 OLD DIXIE HWY MIMS, FL 32754	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, RUDY 3510 GRANTLINE RD MIMS, FL 32754	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KISER, KEITH 2650 GLENDALE BLVD. MIMS, FL 32754	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KISER, KATHIE 2650 GLENDALE BLVD MIMS, FL 32754	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <u>T, S</u> <u>Kathie Kiser</u> <u>2650 Glendale Blvd.</u> <u>Mims, FL 32754</u>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <u>Charles Arms</u> <u>1-29-08</u> <u>321-267-2824</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					