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FILED  
Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711822** (7)  
1. Corporation Name

**SOUTH VENICE CHRISTIAN CHURCH, INC.**

Principal Place of Business <b>2390 SEABOARD AVENUE VENICE FLORIDA 34293</b>	Mailing Address <b>2390 SEABOARD AVENUE VENICE FLORIDA 34293</b>
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3. Date Incorporated or Qualified

**11/18/1966**

4. FEI Number

**59-2465365**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WORTHINGTON, MICHAEL K  
2390 SEABOARD AVENUE  
VENICE FL 34293**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WORTHINGTON, MICHAEL</b>	
STREET ADDRESS	<b>3783 STERLING RD</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>DURHAM, FLORENCE</b>	
STREET ADDRESS	<b>168 MORNING STAR ROAD</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, BRONSON</b>	
STREET ADDRESS	<b>906 BASS CT.</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

TITLE	<b>TRD</b>	<input type="checkbox"/> DELETE
NAME	<b>SNYDER, CARL</b>	
STREET ADDRESS	<b>356 DORCHESTER DR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, MARVIN</b>	
STREET ADDRESS	<b>414 HATCHETT CREEK ROAD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HOLMES, CHARLES</b>	
1.3 STREET ADDRESS	<b>1981 Scenic Drive</b>	
1.4 CITY-ST-ZIP	<b>Venice, FL 34293</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

*[Signature]* 3/29/98 941-493-0003

CR2E037 (10/97)