

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90126 008 \*\*\*\*61.25

003787

**DOCUMENT # 711822**

1. Entity Name

**SOUTH VENICE CHRISTIAN CHURCH, INC.**

Principal Place of Business

**2390 SEABOARD AVENUE  
 VENICE FL 34293**

Mailing Address

**2390 SEABOARD AVENUE  
 VENICE FL 34293**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2465365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WORTHINGTON, MICHAEL K  
 2390 SEABOARD AVENUE  
 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.

SIGNATURE

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  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>T/D</b>	<input type="checkbox"/> Delete
NAME	<b>MARCUM, ART</b>	
STREET ADDRESS	<b>664 DOLPHINS RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</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 checked="" type="checkbox"/> Delete
NAME	<b>HYSELL, JACK</b>	
STREET ADDRESS	<b>47 PINE RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</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 checked="" type="checkbox"/> Delete
NAME	<b>CUTSINGER, GEORGE</b>	
STREET ADDRESS	<b>877 FARM SPRING CT</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KRAUSE, BARBARA</b>	
STREET ADDRESS	<b>255 TAMiami JR N #73</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRESIDENT/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL K. Worthington</b>	
STREET ADDRESS	<b>3793 Sterling Rd</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERNEST J. Gallagher</b>	
STREET ADDRESS	<b>185 Loyola Rd</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Michael K. Worthington**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02 941-493-0003**  
 Date Daytime Phone #

CR2E037 (9/01)