

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90105 048 \*\*\*\*61.25

**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

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. 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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	TD	<input type="checkbox"/> Delete
NAME	MARCUM, ART	
STREET ADDRESS	664 DOLPHINS RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	DURHAM, FLORENCE	
STREET ADDRESS	168 MORNING STAR ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	WORTHINGTON, MICHAEL K	
STREET ADDRESS	3793 STERLING RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, CARL	
STREET ADDRESS	356 DORCHESTER DR	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GALLAGHER, ERNEST J	
STREET ADDRESS	185 LOYOLA RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAUSE, BARBARA	
STREET ADDRESS	255 TAMiami JR N #73	
CITY-ST-ZIP	NOKOMIS FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELLIE KOORSEN	
STREET ADDRESS	504 WALNUT CIRCLE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE BOSS	
STREET ADDRESS	2761 FIESTA DR	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MCKEE	
STREET ADDRESS	4751 POMPANO RD	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN BARR	
STREET ADDRESS	1329 NANTUCKET RD	
CITY-ST-ZIP	VENICE, FL 34293	
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 612, 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*  
Pres.

8/17/03 941-366-1931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E037 (4/03)