2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714529

FILED Jaņ 05, 2<u>0</u>06 Secretary of State

Entity Name: SOUTH VENICE BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

3167 ENGLEWOOD RD VENICE, FL 34293

Current Mailing Address: New Mailing Address:

3167 ENGLEWOOD RD VENICE, FL 34293

FEI Number: 59-1142534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, ROBERT 409 KUNZE RD VENICE, FL 34292

US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete CHESBROUGH, AL Name: 344 BARD ROAD Address: City-St-Zip: VENICE, FL 34293

Title: () Delete HIGEL, MICHAEL Name: Address: 1630 LANDFALL DR. City-St-Zip: NOKOMIS, FL 34275

Title: () Delete

ENGEL, JILL Name: Address:

322 OTTER CREEK DRIVE

City-St-Zip: VENICE, FL 34292

Title: () Delete Name: JOHNSON, MICHAEL 1704 FOUNTAIN VIEW CIRCLE Address:

City-St-Zip: VENICE, FL 34292

Title: () Delete PIPPEN, STUART Name: 3564 SHAMROCK DR. Address: VENICE, FL 34293 City-St-Zip:

(X) Change () Addition

CHESBROUGH, AL MR. Name: Address: 344 BARD ROAD City-St-Zip: VENICE, FL 34293

Title: (X) Change () Addition Name: LIVERMORE, NORMAN MR. Address: 615 ALBEE FARM RD. City-St-Zip: NOKOMIS, FL 34275

Title: (X) Change () Addition

ENGEL, JILL MRS Name: 322 OTTER CREEK DRIVE Address: City-St-Zip: VENICE, FL 34292

(X) Change () Addition Title: TR JOHNSON, MICHAEL MR Name: 1704 FOUNTAIN VIEW CIRCLE Address:

City-St-Zip: VENICE, FL 34292

Title: (X) Change () Addition

PIPPEN, MAUREEN MRS. Name: 3564 SHAMROCK DR. Address: VENICE, FL 34293 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JOHNSON TR 01/05/2006