



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90120 003 ****70.00

DOCUMENT # 723229 1. Entity Name CHURCH OF CHRIST OF VENICE, INC.					
Principal Place of Business 4301 HWY 776 VENICE, FL 34293				Mailing Address 4301 HWY 776 VENICE, FL 34293	
2. Principal Place of Business 4301 HWY 776		3. Mailing Address 4301 HWY 776			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VENICE, FLORIDA		City & State VENICE, FLORIDA			
Zip 34293		Country SARASOTA		4. FEI Number 59-1597195	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Name and Address of Current Registered Agent TREECE, JAMES 221 S. VENICE BLVD. VENICE, FL 34293		7. Name and Address of New Registered Agent Name DELBERT A. LEAVENS Street Address (P.O. Box Number is Not Acceptable) 1056 PIEDMONT RD. City VENICE, FL Zip Code 34293	
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>DELBERT A. LEAVENS/ELDER</u> DATE <u>07/07/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TREECE, JAMES 221 S. VENICE BLVD. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOWELL, WAYNE 420 PALM CREEK DRIVE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAIS, STEVE 90 SPYGLASS ALLEY CAPE HAZE, FL 33946	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELBERT A. LEAVENS 1056 PIEDMONT RD. VENICE, FL. 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Delbert A. Leavens</u> DELBERT A. LEAVENS 07/07/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
<small>Daytime Phone #</small>				941-493-2403	