## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#725520** 

FILED Jaņ 16, 2<u>00</u>8 Secretary of State

Entity Name: VENICE CHURCH OF THE NAZARENE INC

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

1535 E. VENICE AVE. VENICE, FL 34292

**Current Mailing Address: New Mailing Address:** 

1535 E. VENICE AVE. VENICE, FL 34292

FEI Number: 59-1582443 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DAVID SHORE 1535 E. VENICE AVE. VENICE CHURCH OF THE NAZARENE 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 () Change () Addition

GABLE, TERRY Name: Name: 255 GLEN OAK RD Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition NICKERSON, WILLIAM Name: BARBER, SCOTT Name:

Address: 4248 WORDSWORTH Address: 927 MYRTLE AVE City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34285

Title: () Delete Title: (X) Change ( ) Addition

CASTLE, EVERETT SMITH, CHARLES Name: Name: Address: 808 BAVENO Address: 567 SILK OAK DRIVE City-St-Zip: ENGLEWOOD, FL 34292 City-St-Zip: VENICE, FL 34293

Title: CT ( ) Delete Title: CT (X) Change ( ) Addition

Name: OLIN, RICHARD Name: HARTRANFT, JOHN 530 WALNUT CIRCLE 603 ELBA DRIVE Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete Title: (X) Change ( ) Addition

WAMPLER, DAVID Name: Name: HARTZLER, PAUL

PO BOX 506 872 MORGAN TOWNE WAY Address: Address: ENGLEWOOD, FL 3429CASTL City-St-Zip: City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify 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: DAVID C. SHORE **PRES** 01/16/2008