

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90360 045 ****70.00

DOCUMENT # 736957

1. Entity Name
CHRIST UNITED METHODIST CHURCH OF VENICE, INC.



Principal Place of Business
**1475 CENTER ROAD
VENICE, FL 34292**

Mailing Address
**1475 CENTER ROAD
VENICE, FL 34292**

40050380



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1807487

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXENDALE, PAUL J
6582 MEANDERING WAY
BRADENTON, FL 34202**

Name
Jack Kellogg

Street Address (P.O. Box Number is Not Acceptable)

417 W Shade Drive

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

Jack Kellogg

4-13-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WHIPPLE, JOELLEN
1240 MUSTANG STREET
NOKOMIS, FL 34275** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VANCURA, PAUL
783 BAVENO DR
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M/D
BAXENDALE, PAUL J
6582 MEANDERING WAY
BRADENTON, FL 34202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M/D
Kellogg, Jack
417 W Shade Drive
Venice, FL 34293** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
WOODDELL, MARCIA
3232 MEADOW RUN LANE
VENICE, FL 34293** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
Hilbert, Larry
399 Lansbrook Drive
Venice, FL 34292** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
Ann Petty
491 South Venice Blvd
Venice, FL 34293** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jack Kellogg

4-13-06

941-493-7504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #