2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # 736957 1. Entity Name CHRIST UNITED METHODIST CHURCH OF VENICE, INC.						,-	03-10-2008	_	2 ****70).00
Principal Place of Business 1475 CENTER ROAD VENICE, FL 34292 Mailing Address 1475 CENTER ROAD VENICE, FL 34292 VENICE, FL 34292						40°-	1840 O.1140 (O.104 O.114)	[]	B(8) B(B) B(G)	
2. Principal Pl	lace of Business - No P.O. Box #	Address								
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			02272008	Chg-NP	CR2E037	7 (12/06)	
City & State		City & State				4. FEI Numbe 59-1807				pplied For at Applicable
Zip	Country	Zip		Country		5. Certificate of	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	t Registered A	Agent			7. Name and	Address of New	Registered A	gent	
KELLOGG	JACK		· ·	Name			-			
417 W SHA VENICE, F	ADE DR			Street A	ddress (F	P.O. Box Numbe	r is Not Acceptat	ole)	,	
,				City				FL	Zip Code	θ
9° The shove	named entity submits this statement f	for the nurnose	of changing its rec	rietered office o	register	ed agent or bot	in the State of F		miliar with	and accept
	ions of registered agent.	ior the purpose	or changing its rog	gister du omico o	register	ed agent, or bot	i, wi the other of t	TOTAL TENT	arrinear weeps,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	ot and title if applicat	WOTE 0							
	organica i specia di primata na no di ragiato da ago-	п апо ше и арриса	DIE. (NOTE: HE	egistered Agent signat	nte tednited	when reinstating)		DATE		
*** ***	Filing Fee is \$61.25 Due by May 1, 2008	тало ше п арркса	9. Election Carnpa Trust Fund Con	aign Financing	Life required	\$5.00 May Br Added to Fees	e Fid	Make check orida Depart		
10.	Filing Fee is \$61.25		9. Election Campa	aign Financing		\$5.00 May Boundary Added to Fees	FIO	Make check orida Depart	ment of St	tate .
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campa	aign Financing tribution.		\$5.00 May Boundary Added to Fees	· Flo	Make check orida Depart	ment of St	tate .
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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 dexecute 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR

941-493-7504

Daytime Phone #