

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90185 024 \*\*\*\*70.00

<b>DOCUMENT # N04000009233</b>					
<b>1. Entity Name</b> VENICE INTERFAITH COMMUNITY ASSOCIATION, INCORPORATED					
<b>Principal Place of Business</b> % VENICE UNITED CHURCH OF CHRIST 620 SHAMROCK BLVD VENICE, FL 34293-1738			<b>Mailing Address</b> POB 2022 VENICE, FL 34284-2022		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1242741	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MILLER, HAROLD O ATTN 333 S TAMiami TRAIL STE 283 VENICE, FL 34285				<b>7. Name and Address of New Registered Agent</b>	
<b>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.</b>				<b>Signature</b> _____	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>				<b>10. Filing Fee is \$61.25 Due by May 1, 2007</b>	
<b>11. \$5.00 May Be Added to Fees</b>				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> NAZIAN, SUSANNE	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Nazian, Susanne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1971 PINEBROOK RD	<b>CITY-ST-ZIP</b> VENICE, FL 34284		<b>STREET ADDRESS</b> 1714 Celtic Dr. #101	<b>CITY-ST-ZIP</b> Venice, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> BASCOM, SHIRLEY	<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Onnie, Janet	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 514 CIRCLEWOOD DR	<b>CITY-ST-ZIP</b> VENICE, FL 34293		<b>STREET ADDRESS</b> 2144 Calusa Lakes Blvd	<b>CITY-ST-ZIP</b> Nokomis, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> KOHNSTAM, PIETER	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Ed Martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1017 E GONDOLA DR	<b>CITY-ST-ZIP</b> VENICE, FL 34293		<b>STREET ADDRESS</b> 409 Everglades DR	<b>CITY-ST-ZIP</b> Venice, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> T	<b>NAME</b> RIVERA, LORI	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Doug Roach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3276 VENICE AVE EAST	<b>CITY-ST-ZIP</b> VENICE, FL 34292		<b>STREET ADDRESS</b> 2430 Shamrock DR	<b>CITY-ST-ZIP</b> Venice, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> SCHUMACHER, WES	<input checked="" type="checkbox"/> Delete	<b>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.</b>		
<b>STREET ADDRESS</b> 208 PALM AVE	<b>CITY-ST-ZIP</b> NOKOMIS, FL 342753928		<b>SIGNATURE:</b> <u>Lori E. Rivera</u> <b>LORI E. Rivera</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>January 12, 2007</u> Daytime Phone #: <u>941-321-6211</u>		

Additional officers and directors

ATTACHMENT

D

XADDITION

Ann White  
6505 Deer Lake Court  
Sarasota, FL 34240

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