

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009233

FILED
Jan 06, 2009
Secretary of State

Entity Name: VENICE INTERFAITH COMMUNITY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

% VENICE UNITED CHURCH OF CHRIST
620 SHAMROCK BLVD
VENICE, FL 342931738

New Principal Place of Business:

Current Mailing Address:

POB 2022
VENICE, FL 342842022

New Mailing Address:

FEI Number: 20-1242741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, HAROLD O ATTN:
333 S TAMiami TRAIL
STE 283
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: BROWN, SARAH
Address: 1151 YOSEMITE DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: BASCOM, SHIRLEY
Address: 514 CIRCLEWOOD DR
City-St-Zip: VENICE, FL 34293

Title: P () Delete
Name: ONNIE, JANET
Address: 1017 E GONDOLA DR
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: BACKHAUS, KEITH
Address: 873 MORGAN TOWNE WAY
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: ROACH, DOUG
Address: 2430 SHAMROCK DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: BROWN, SARAH
Address: 1714 CELTIC DR #101
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KERAN, OLM-STOELTING
Address: 321 DESOTA STREET
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTIN, EDWIN
Address: 409 EVERGLADES DRIVE
City-St-Zip: VENICE, FL 34285

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: DOUG ROACH

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date