

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005154

1. Entity Name

VENICE COMMUNITY CHURCH OF THE BRETHREN, INC.

Principal Place of Business

FRIENDS HOUSE
3662 CADBURY CIRCLE
VENICE FL 34293

Mailing Address

101 W VONICA STE 1
31-1
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

101 W Venice Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

31-1

City & State

City & State

Venice FL

Zip

Country

Zip

Country

34285

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

DERSHEM, MARILYN
2269 S. TAMiami TRAIL
VENICE FL 34293

Name

James R. Graybill

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

4806 Capri Ave

City

Sarasota FL

FL

Zip Code

34235

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.

SIGNATURE

James R. Graybill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERSHEM, MARILYN 4180 ABBOTSFORD ST. NORTH PORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAYBILL, ALICE 4806 CAPRI AVE SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERSHEM, LEWIS 4180 ABBOTSFORD ST. NORTH PORT FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAMPBELL, FOREST 397 AURORA RD. VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, HOWARD 1300 N. RIVER RD. W-25 VENICE FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYBILL, JIM 4806 CAPRI AVE. SARASOTA FL 34235	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Kipp 555 The Esplanade Venice FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James R. Graybill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-01

Date

Daytime Phone #

941-351-5588

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90263 009 ****61.25

912344



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)