

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005154

**FILED**  
**Feb 07, 2004**  
**Secretary of State****Entity Name:** VENICE COMMUNITY CHURCH OF THE BRETHREN, INC.**Current Principal Place of Business:**233 TAMIAMI TRAIL SOUTH  
VENICE, FL 34285**New Principal Place of Business:****Current Mailing Address:**233 TAMIAMI TRAIL SOUTH  
VENICE, FL 34285**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GRAYBILL, JAMES  
4806 CAPRI AVE  
SARASOTA, FL 34235 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:** CD ( ) Delete  
**Name:** GRAYBILL, JAMES R  
**Address:** 4806 CAPRI AVENUE  
**City-St-Zip:** SARASOTA, FL 24235 US**Title:** DS ( ) Delete  
**Name:** GRAYBILL, ALICE  
**Address:** 4806 CAPRI AVE  
**City-St-Zip:** SARASOTA, FL 34235**Title:** DT ( ) Delete  
**Name:** MARTIN, ALICE L  
**Address:** 1662 QUAIL LAKE DRIVE  
**City-St-Zip:** VENICE, FL 34293**Title:** D ( ) Delete  
**Name:** KIPP, LINDA  
**Address:** 555 THE ESPINADE  
**City-St-Zip:** VENICE, FL 34285**Title:** D ( ) Delete  
**Name:** CROUCH, HOWARD  
**Address:** 1300 NORTH RIVER ROAD, W-25  
**City-St-Zip:** VENICE, FL 34293**Title:** D ( ) Delete  
**Name:** GALL, DOROTHY  
**Address:** PALM AND PINES MHP #70  
**City-St-Zip:** NOKOMIS, FL 34275**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:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALICE LONG MARTIN

TREA

02/07/2004

Electronic Signature of Signing Officer or Director

Date