2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 19, 2007 08:00 AM DOCUMENT # N93000005154 1. Entity Namo **Secretary of State** VENICE COMMUNITY CHURCH OF THE BRETHREN, INC. Principal Place of Business Mailing Address 233 TAMIAMI TRAIL SOUTH VENICE FL 34285 233 TAMIAMI TRAIL SOUTH VENICE FL 34285 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, olc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State Applied For 4. FEI Number 59-2369553 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, ALICE Street Address (P.O. Box Number is Not Acceptable) 1662 QUAIL LAKE DRIVE VENICE FL 34293 City Zıp Code 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. AliceLona 2-14-07 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered a FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 HILE ☐ Defete 1000 Change Addition NAME GALL, DOROTHY CD NAME U00000642638 STREET ADDRESS 255 N TAMIAMI TRAIL MPH 70 STREELADORISS 03/01/07-80051-023 61.25 CITY-SI-7IP NOKOMIS FL 34275 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME KIPP, LINDA MRS NAM STREET ADDRESS 555 THE ESLANADE NO 604 SIRELLADORESS CITY-SI-ZIF VENICE FL 34285 CITY ST-ZIP mш Delete DT TIDE ☐ Change Addition NAMI MARTIN, ALICE L STREET ADDRESS STREET ADDRESS 1662 QUAIL LAKE DRIVE CITY-St-ZiP CITY-ST-ZIP VENICE FL 34293 ише Dolele D THE Change Addition NAME NAME GRAYBILL, ALICE STREET ADDRESS STREET ADDRESS 4806 CAPRI AVENUE CITY - ST- ZIP CITY-S1-7P SARASOTA FL 34235 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ШŒ ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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:

CITY-ST-7IP

CITY-SI-ZIP