

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005231 (4)**

1. Corporation Name

VENETIA TERRACE BAPTIST, INCORPORATED



Principal Place of Business 5284 118TH ST. JACKSONVILLE FL 32244	Mailing Address 5284 118TH ST. JACKSONVILLE FL 32244-3904
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3. Date Incorporated or Qualified 11/02/1995	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1145763	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CUNNINGHAM, DAVID 5284 118TH ST. JACKSONVILLE FL 32244
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/15/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CUNNINGHAM, DAVID
STREET ADDRESS	5160 DELPHIN LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCINARNAY, JOSEPH
STREET ADDRESS	6202 ELMGROVE AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FROEMMING, HOWELL
STREET ADDRESS	4925 SEABOARD CT
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HODGES, BARBARA
STREET ADDRESS	5866 JAY DR S
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LYLE, ARTHUR
STREET ADDRESS	4774 CATES AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hodges, Barbara
4.3 STREET ADDRESS	5866 Jay Dr. S.
4.4 CITY-ST-ZIP	Jacksonville, FL 32244
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE *[Signature]* DATE **1/15/97** **523-7192**

CR2E037 (9/96)