

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005231

1. Entity Name

VENETIA TERRACE BAPTIST, INCORPORATED

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90041 040 ****61.25

Principal Place of Business

Mailing Address

5284 118TH ST.
JACKSONVILLE FL 32244

5284 118TH ST.
JACKSONVILLE FL 32244-3904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1145763

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUNNINGHAM, DAVID
5284 118TH ST.
JACKSONVILLE FL 32244

Name

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

City

FL

Zip 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☒ Delete
NAME CUNNINGHAM, DAVID
STREET ADDRESS 5160 DELPHIN LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ Change ☒ Addition
NAME WADE, ART
STREET ADDRESS 6116 SUDBURY AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☒ Delete
NAME MCINARNAY, JOSEPH
STREET ADDRESS 6202 ELMGROVE AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME STRICKLAND, EMORY D.
STREET ADDRESS 6310 PENNANT DR. WEST
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D ☐ Delete
NAME HODGES, BARBARA
STREET ADDRESS 5866 JAY DR S
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LYLE, ARTHUR
STREET ADDRESS 4774 CATES AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Emory D. Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-2000 778-8865

CR2E037 (9/99)