

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

DOCUMENT # N95000005231

1. Entity Name

VENETIA TERRACE BAPTIST, INCORPORATED



Principal Place of Business

5284 118TH ST.  
JACKSONVILLE FL 32244

Mailing Address

5284 118TH ST.  
JACKSONVILLE FL 32244

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1145763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HODGES, BARBARA  
5866 JOY DRIVE S  
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: STRICKLAND, EMORY D  
STREET ADDRESS: 6310 PENNANT DR WEST  
CITY-STATE-ZIP: JACKSONVILLE FL 32244

TITLE: PD ☐ Delete  
NAME: HODGES, BARBARA  
STREET ADDRESS: 5866 JAY DR S  
CITY-STATE-ZIP: JACKSONVILLE FL 32244

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

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: 000000762392  
CITY-STATE-ZIP: 05/29/07-80006-022 61.25

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

12. I hereby 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 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*

5-2-07

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/06)