

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005231

FILED
Jan 23, 2009
Secretary of State

Entity Name: VENETIA TERRACE BAPTIST, INCORPORATED

Current Principal Place of Business:

5284 118TH ST.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5284 118TH ST.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-1145763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, BARBARA
5866 JOY DRIVE S
JACKSONVILLE, FL 32244 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: D () Delete
Name: STRICKLAND, EMORY D
Address: 6310 PENNANT DR WEST
City-St-Zip: JACKSONVILLE, FL 32244

Title: PD () Delete
Name: HODGES, BARBARA
Address: 5866 JAY DR S
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: LYLE, ARTHUR
Address: 4774 CATES AVE
City-St-Zip: JACKSONVILLE, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EMORY D STRICKLAND

D

01/23/2009

Electronic Signature of Signing Officer or Director

Date