

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 23 1997 8:00am  
Secretary of State

DOCUMENT # N96000006631 (3)

1. Corporation Name

VENUS UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address  
962 CR 731 962 CR 731  
VENUS FL 33960 VENUS FL 33960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1996 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	28	59-1835239	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANKUS, SUE  
1833 CR 29  
LAKE PLACID FL 33852

81 Name	Sylvia Birge
82 Street Address (P.O. Box Number is Not Acceptable)	1367 C. P. 731
83	
84 City	VENUS
85 Zip Code	FL 33960

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 Sylvia Birge - Sylvia Birge (Treasurer) 8-26-97  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			
TITLE	TRUSTEE	NAME	DANIEL GENE CLARK	1.1 TITLE		1.2 NAME	
STREET ADDRESS	210 PABIL RUN	CITY-ST-ZIP	VENUS FLA 33960	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	TRUSTEE	NAME	WALLACE BIRGE	2.1 TITLE		2.2 NAME	
STREET ADDRESS	1367 C.P. 731	CITY-ST-ZIP	VENUS FLA 33960	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	TRUSTEE	NAME	Clarice Lott	3.1 TITLE		3.2 NAME	
STREET ADDRESS	62 Ranch House Rd	CITY-ST-ZIP	VENUS FL 33960	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE Sylvia Birge SIGNATURE REQUIRED Sylvia Birge 8-26-97

CR2E037 (4/97)