


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90076 005 ****61.25

DOCUMENT # N99000002064					
1. Entity Name VENICE INDEPENDENT MISSION, INC.					
Principal Place of Business 813 CINCY STREET VENICE, FL 34285			Mailing Address P.O. BOX 892 VENICE, FL 34284		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03102005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0910631				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUCK, JAMES K 573 BRIARWOOD ROAD VENICE, FL 34293			Name <u>GLENN ALBERT, GLENN C</u> Street Address (P.O. Box Number is Not Acceptable) <u>813 CINCY ST</u> City <u>Venice</u> FL Zip Code <u>34285</u>		
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 <u>Glenn C. Albert T/T/P</u> DATE <u>3/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PT NAME BUCK, JIM STREET ADDRESS 573 BRIARWOOD ROAD CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE V NAME BUCK, PEG STREET ADDRESS 573 BRIARWOOD ROAD CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME BUTTS, RUTH STREET ADDRESS 1222 PINEBROOK WAY CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE T/T/P NAME ALBERT, GLENN C STREET ADDRESS 813 CINCY ST CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TT NAME ALBERT, GLENN STREET ADDRESS 813 CINCY STREET CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE FST NAME MIKESSELL, JOAN STREET ADDRESS 98 CAPTIVA CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Glenn C. Albert T/T/P</u> DATE <u>3/12/05</u> DAYTIME PHONE # <u>941-485-8912</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					