2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# N99000002064

Entity Name: VENICE INDEPENDENT MISSION, INC.

Current Principal Place of Business:

813 CINCY STREET
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 892
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0910631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERT, GLENN C
813 CINCY ST
VENICE, FL 34285 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:	ST	( ) Delete
Name:	BUTTS, RUTH	
Address:	1222 PINEBROOK WAY	
City-St-Zip:	VENICE, FL 34292	
Title:	TT	( ) Delete
Name:	ALBERT, GLENN	
Address:	813 CINCY STREET	
City-St-Zip:	VENICE, FL 34285	
Title:	FST	( ) Delete
Name:	MIKESELL, JOAN	
Address:	98 CAPTIVA	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	V	(X) Delete
Name:	BUCK, PEG	
Address:	573 BRIARWOOD RD	
City-St-Zip:	VENICE, FL 34293	
Title:	TTP	(X) Delete
Name:	ALBERT, GLENN C	
Address:	813 CINCY ST	
City-St-Zip:	VENICE, FL 34285	

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:	
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 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: GLENN C. ALBERT TT 04/22/2007

Electronic Signature of Signing Officer or Director — Date