2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002528

1. Entity Name
VENICE, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF THE BARBER SHO

Principal Place of Business	Mailing Address
1226 WATERSIDE LN VENICE, FL 34285	1226 WATERSIDE LN VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
26-0059889

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OCONNOR, ROBERT F
1226 WATERSIDE LN
VENICE, FL 34285

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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 Robert F. O'Connor SD (ROBERT F. O'CONNOR) 1/30/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000417901
02/13/06-80071-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETERS, FARNSLEY
STREET ADDRESS	910 BAYSHORE ROAD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	SD
NAME	OCONNOR, ROBERT F
STREET ADDRESS	1226 WATERSIDE LN
CITY-ST-ZIP	VENICE, FL 34292
TITLE	TD
NAME	TRUMPY, ROBERT C
STREET ADDRESS	2111 TIMUCUA TERR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert F. O'Connor SD (ROBERT F. O'CONNOR) 1/30/06 (941-480-0444)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #