2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					APPROVED		
DOCUMENT # N0300000184 1. Entity Name					AND		
THE VENI	ETIAN CLUB, INC.				05 MAR 3 D AM 9: 13		
Principal Place	e of Business	Mailing Address		OEC.	DETARY OF STATE		
-1110 SAN JOSE FOREST DR ST AUGUSTINE FL 92080		PO BOX 1162 ST AUGUSTINE FL 32085-1162		TALL	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	fairchild Lane	3. Mailing Address	3. Mailing Address SAME				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOOR	MOORE CR2E037 (11/03) MR		
Palm Coast, Fl		City & State		4. FEI Number 43 - 199	5814	Applied For Not Applicable	
Zip 3213	57 Flagler	Zip	Country	5. Certificate of Status	. / ¢g 75	Additional	
201.	6. Name and Address of Current	Registered Agent	Name .	7. Name and Address	of New Registered Agent		
1101	LOWAY HATOLD	Valter D. M	ter D. McCou				
HOLLOWAY HAROLD 1110 SAN JOSE FOREST DR			Street Add	Address (P.O. Box Number is Not Acceptable)			
ST AUGUSTINE FL 32080							
,		_	CiiPal	m Coast	FL Zip	Code 2137	
B. 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.							
1/2.1-Aclan 3/24/15							
SIGNATURE Signature, typed or printed name of registered agent and fille (applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
The state of the s							
Due By May 1, 2004 Trust Fund Contribution.				7,000	Florida Department	of State	
10.	OFFICERS AND D	IRECTORS Delete	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	4	
NAME	HOLLOWAY, HAROLD	Delete	NAME	Tt amas Jacks	ans —	TIGO PARAGINAN	
STREET ADDRESS CITY-ST-ZIP	ST AUGUSTINE FL 32080		STREET ADORESS CITY-ST-ZIP	gir chippewa	5t. . Fl. 32086		
TITLE	V	Delete	TITLE	Vice Presiden		ange Addition	
NAME STREET ADDRESS	WILLIAMS, CLARENCE B 243 MARIUS COURT	,	NAME STREET ADDRESS	Gertie Laus	مر د م ا	, ,	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP	3818 Arrowha	FL 32086		
TITLE	5 - 6 Financial	Sec. Detete	TITLE	Sealetons.	Recording Cha	ange Addition	
NAME STREET ADDRESS	BRYANT, JACQUELINE 1904 SHIPPEWA STREET		NAME STREET ADDRESS	urala winta	4.	•	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP	848 white the	le Cir	_	
TITLE	ISANCING ICADELLE	Delete	TITLE	Of may was in	☐ Cha		
NAME STREET ADDRESS	JENKINS, ISABELLE 9 BLANCHE LANE	, ,	NAME STREET ADDRESS	annes			
CITY-ST-ZIP	ST AUGUSTINE FL 32084		CITY-ST-ZIP	04/15/050	50821654 1007017 **70.(กก	
TITLE	LAWS, LORENZO	☐ Delete	TITLE		☐ Cha		
NAME STREET ADDRESS	3818 ARROWHEAD DR		NAME STREET ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP				
TITLE	MCCOY, WALTER D	☐ Delete	TITLE	· · 	☐ Cha	ange Addition	
NAME STREET ADDRESS	28 FAIRCHILD LANE		NAME STREET ADDRESS				
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP				
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	the exemption state	ed 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.							
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