

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 26, 2010  
Secretary of State**

DOCUMENT# N03000000184

Entity Name: THE VENETIAN CLUB, INC.

**Current Principal Place of Business:**

917 CHIPPEWA ST.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1162  
ST AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 43-1995814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JACKSON, THOMAS  
917 CHIPPEWA ST.  
ST. AUGUSTINE, FL 32086      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: THOMAS JACKSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: JACKSON, THOMAS  
Address: 917 CHIPPEWA ST  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VPD  
Name: LOWERY, LUCRECIA  
Address: P.O. BOX 354267  
City-St-Zip: PALM COAST, FL 32135`

Title: FSD  
Name: BRYANT, JACQUELINE  
Address: 917 CHIPPEWA ST.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PD  
Name: ROBINSON, ART  
Address: 22 LAKESIDE PLACE E.  
City-St-Zip: PALM COAST, FL 32137

Title: SD  
Name: JENKINS, ISABELLE  
Address: 9 BLANCHE LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: THOMAS JACKSON

TD

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date