

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701962

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC5536414343**

**Entity Name:** THE KIWANIS CLUB OF VENICE INC

**Current Principal Place of Business:**

100 WEST VENICE AVE.  
SUITE A  
VENICE, FL 34285

**Current Mailing Address:**

100 WEST VENICE AVE.  
SUITE A  
VENICE, FL 34285 US

**FEI Number:** 59-6152218

**Certificate of Status Desired:** No

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

TRAMMELL, THOMAS B  
100 WEST VENICE AVE.  
SUITE A  
VENICE, FL 34285 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name CARSON, DALE  
Address 564 CATALINA IS. CIR  
City-State-Zip: VENICE FL 34292

Title TREASURER  
Name TRAMMELL, THOMAS B  
Address 418 GULF ST.  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name MILLER, ADAM  
Address 218 HARBOR DRIVE S.  
City-State-Zip: VENICE FL 34285

Title SECRETARY  
Name MILLER, BEVERLY  
Address 1217 GAYLE AVE  
City-State-Zip: NOKOMIS FL 34275

Title PRESIDENT  
Name MOORE, JAN  
Address 409 KUNZE RD.  
City-State-Zip: VENICE FL 34292

Title DIR, DIRECTOR  
Name BLOOM, NATALIE  
Address 3533 N. VILLAGE CT.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name FALING, TOM  
Address 856 BRENTWOOD DRIVE  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name COBLE, LINDA  
Address 3861 PORTAIR AVE.  
City-State-Zip: NORTHPORT FL 34286

**Continues on page 2**

*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 B. TRAMMELL

**TREASURER**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FALING, TOM  
Address        856 BRENTWOOD DRIVE  
City-State-Zip: VENICE FL 34292

Title           DIRECTOR  
Name           COBLE, LINDA  
Address        3861 PORTAIR AVE.  
City-State-Zip: NORTHPORT FL 34286