

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000184

**Entity Name:** THE VENETIAN CLUB, INC.

**Current Principal Place of Business:**

917 CHIPPEWA ST.  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

PO BOX 1162  
ST AUGUSTINE, FL 32085

**FEI Number: 43-1995814**

**Certificate of Status Desired: Yes**

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

JACKSON, THOMAS  
917 CHIPPEWA ST.  
ST. AUGUSTINE, FL 32086 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 PD  
Name JACKSON, THOMAS  
Address 917 CHIPPEWA ST  
City-State-Zip: ST AUGUSTINE FL 32086

Title VPD  
Name ELLIS, CHARLES  
Address 75 WILLOW WAY PLACE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title FSD  
Name BRYANT, JACQUELINE  
Address 914 CHIPPEWA ST.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title TD  
Name WILLIAMS, MILDRED  
Address 243 MARIUS COURT  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title SD  
Name JENKINS, ISABELLE  
Address 9 BLANCHE LANE  
City-State-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**

**PRESIDENT**

**03/06/2013**

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

\_\_\_\_\_  
Date