FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(3)

corporation	Hamo		• -			1					
VENIC	E ART CENTER, INC.										
Principal Place of Business Mailin			iling Address				† 1001A H		I IIAI DABAI BIDI	I BIJA I UI II I	JOHN BINGS HOOD
390 SOUTH NOKOMIS AVE. VENICE FL 34285 VENICE FL 34285-2416				NVE,							
						_	3. Date Incorp. 04/14	orated or Qualified 1/1961	3a. Date	of Last Re 3/29/19	96
─ ¬ `	lace of Business	} -	ling Address				4. FEI Number 59-61	178294			plied For
Suite, Apt.	#, etc.	26 Suit	Suite, Apt. #, etc.							\$8.75 A	Applicable
22		27					5. Certificate o	of Status Desired		Fee Re	
City & State	9	— ·	City & State					mpaign Financing	·	\$5.00	
23 Zip	Country	28					Trust Fund (Added t	{
Zip 24	F-3 - F-3 - F-3			30	ritry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	9. Name and Address of Current Registered Agent							Address of New Re			
_					81 Name	June	a Lo.louna				
APPEL, WALLACE				82 Stree		June LeJeune Address (P.O. Box Number is Not Acceptable)					
1229 SCHOONER AVE							5th Str				
VENICE	FL 34292				83						
					84 City	Eng!	lewood,		FL	85 342	23
11. Pursuant	to the provisions of Sections egistered agent, or bold, in m familiar with, and ccept	617.0502 and 617.15	508, Florida Stat	utes, the at	ove-name	d corpor	ration submits thi	s statement for the p	ourpose of c	hanging its	registered
agent. I a	m familiar with and occept	ne obligations of, Sec	ction 617.0503, I	Florida Stat	utes.	POINTO		and thereby about	21001	~ <i>(</i>)	09:0:0:0:0
SIGNATURE	Signature typed or printed name of rec	cue_		Ne b			when reinstating)		2/ 2/ 3/ ^C	<u> 1'/</u>	
12.		RS AND DIRECTOR		13.	1 Agent signatu	ie iedruien		CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	PD	J	DELETE	1,1 10	ILE	Pre:	sident	PD		Change	Addition
NAME	APPEL, WALLACE H			1.2 N/	WE		eune, Jun				
STREET ADDRESS	1229 SCHOONER AV	ENUE		1.3 \$1	REET ADDRESS		1 5th Str				
CITY-ST-ZIP	VENICE FL				TY-ST-ZIP		lewood, F			-	
TITLE	V		DELETE	2.1 Ti				ce Presiden	ıt L	Change	Addition
NAME OTOGET ADORESO	LEJEUNE, JUNE 1661 FIFTH ST			2.2 N/		SK11	nner, Ern	est			
STREET ADDRESS	ENGLEWOOD FL			1	REET ADDRESS ITY - ST - ZIP		Vestavia ice, FL 3				
CITY-ST-ZIP TITLE	V		DELETE	2.4 C			e Preside			Change	Addition
NAME	SKINNER, ERNEST			3.2 N			ritt, Ele		_	^ -	
STREET ADDRESS	214 VESTAVIA DR			3.3 \$1	REET ADDRESS			Pond Drive			
CITY-ST-ZIP	VENICE FL			3.4. C	ITY-ST-ZIP		asota. FL				
TILLE	\$D		DELETE	4.1 TI	TLE		retary	SD		Change	☐ Addition
NAME	HANSON, CAROL			4.2 N		Meet	nan, Ann				
STREET ADDRESS	260 LAUREL HOLLOV	V DRIVE			REET ADDRESS			olf & Count	rv Clu	b Blvd	i.
CITY-ST-ZIP	NOKOMIS FL		DELETE		TY-ST-ZIP		ice, FL 3			Change	☐ Addition
TITLE	TD Hopper, Richard		C DECEIE	5.1 TI			surer	TD	L	™i ∩uquige	T Maniton
NAME	200 S. NOKOMIS AVI	NIE		5.2 N			oer, Richa				
STREET ADDRESS	VENICE FL	LITUL			reet address Ty-st-zip	ķυυ		is Avenue			
CITY-ST-ZIP TITLE	TLINOL I L		DELETE	6.1 TI		- Ven:	ice, FL 3	4285		Change	Addition
NAME				6.2 N					•		
STREET ADDRESS					REET ADDRESS	;					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Bl

SIGNATURE:

FILED

Apr 16 1997 8:00am

Secretary of State