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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702283

1. Corporation Name

VENICE ART CENTER, INC.

Principal Place of Business	Mailing Address
390 SOUTH NOKOMIS AVE. VENICE FL 34285	390 SOUTH NOKOMIS AVE. VENICE FL 34285

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 04/14/1961

4. FEI Number: 59-6178294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SKINNER, ERNEST
214 VESTAVIA DRIVE
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name: Eleanor Merritt
82 Street Address (P.O. Box Number is Not Acceptable): 3692 Walden Pond Drive
83
84 City: Sarasota FL 85 Zip Code: 34240

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Eleanor Merritt, President — 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President Director	☒ Change ☐ Addition
NAME	SKINNER, ERNEST		1.2 NAME	Merritt, Eleanor	
STREET ADDRESS	214 VESTAVIA DRIVE		1.3 STREET ADDRESS	3692 Walden Pond Drive	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	EVPD	☒ DELETE	2.1 TITLE	Executive Vice President/Director	☐ Change ☐ Addition
NAME	MERRITT, ELEANOR		2.2 NAME	Greenberg, Mary	
STREET ADDRESS	3692 WALDEN POND DRIVE		2.3 STREET ADDRESS	561 Circlewood Drive	
CITY-ST-ZIP	SARASOTA FL 34240		2.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE	VPD	X ☐ DELETE	3.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	GREENBERG, MARY		3.2 NAME	Korp, Kate	
STREET ADDRESS	561 CIRCLEWOOD DRIVE		3.3 STREET ADDRESS	1208 N. Casey Key Road	
CITY-ST-ZIP	VENICE FL 34293		3.4 CITY-ST-ZIP	Osprey, FL 34229	
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary/Director.	☐ Change ☐ Addition
NAME	MEENAN, ANN		4.2 NAME	Park, Mary Lou	
STREET ADDRESS	289 VENICE GOLF & COUNTRY CLUB BLVD		4.3 STREET ADDRESS	1590 David Place	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	T	X ☐ DELETE	5.1 TITLE	Treasurer/Director.	☐ Change ☐ Addition
NAME	HOPPER, RICHARD		5.2 NAME	Graf, Jamison	
STREET ADDRESS	200 S. NOKOMIS AVENUE		5.3 STREET ADDRESS	4386 Indian Point Trail	
CITY-ST-ZIP	VENICE FL 34285		5.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eleanor Merritt QUIRED Eleanor Merritt, President 3/17/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #