

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90023 038 \*\*\*\*61.25

**DOCUMENT # 702283**

1. Entity Name

VENICE ART CENTER, INC.



Principal Place of Business

390 SOUTH NOKOMIS AVE,  
VENICE FL 34285

Mailing Address

390 SOUTH NOKOMIS AVE,  
VENICE FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6178294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, AILEEN  
446 CERROMAR ROAD  
ENGLEWOOD FL 34223

Name  
Barbara Freeman

Street Address (P.O. Box Number is Not Acceptable)  
530 Lyons Bay Road

City  
Nokomis,

FL

Zip Code  
34275

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Barbara B. Freeman*

3/23/06

Signature typed or printed name of registered agent and title if applicable  
Barbara Freeman, President

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, AILEEN	
STREET ADDRESS	446 CERROMAR ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	FREEMAN, BARBARA	
STREET ADDRESS	530 LYONS BAY ROAD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	WINDER, KATHLEEN	
STREET ADDRESS	1759 HUDSON STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACHELOR, MARTHA	
STREET ADDRESS	210 SANTA MARIA ST, #249	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, LIZ	
STREET ADDRESS	248 S NOKOMIS AVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Freeman	
STREET ADDRESS	530 Lyons Bay Road	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Kaiser	
STREET ADDRESS	1345 Pinebrook Way	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tonya Sauppe	
STREET ADDRESS	157 Tampa Avenue E.	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Dodderidge	
STREET ADDRESS	1660 Valley Drive	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Meier	
STREET ADDRESS	7064 N. Serenoa Drive	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara B. Freeman* Barbara Freeman, President

3/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #