

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # 702283

1. Entity 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6178294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, BARBARA
530 LYONS BAY ROAD
NOKOMIS FL 34275

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME FREEMAN, BARBARA
STREET ADDRESS 530 LYONS BAY ROAD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE 1VPD ☐ Delete
NAME KAISER, BONNIE
STREET ADDRESS 1345 PINEBROOK WAY
CITY-ST-ZIP VENICE FL 34292

TITLE 2VPD ☐ Delete
NAME SAUPPE, TONYA
STREET ADDRESS 157 TAMPA AVE E
CITY-ST-ZIP VENICE FL 34285

TITLE SD ☐ Delete
NAME DODDERIDGE, ANN
STREET ADDRESS 1660 VALLEY DRIVE
CITY-ST-ZIP VENICE FL 34292

TITLE TD ☐ Delete
NAME MEIR, STEVE
STREET ADDRESS 7064 N SEREMOA DR
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Marilyn LaBallster, Administrator 3/20/07 (941) 485-7136*