FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705336 (6)

1. Corporation Name
THE VENICE ENDOWMENT, INC.

Principal Place of Business	Mailing Address
540 THE RIALTO VENICE FL 34285	540 THE RIALTO VENICE FL 34285

3. Date Incorporated or Qualified: 03/15/1963	3a. Date of Last Report: 07/13/1995
4. FEI Number: 59-0668991	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 601 S. Tamiami Trail	26 601 S. Tamiami Trail
22 Suite, Apt. #, etc. Ste. B	27 Suite, Apt. #, etc. Ste. B
23 City & State Venice, FL	28 City & State Venice, FL
24 Zip 34285 25 Country US	29 Zip 34285 30 Country US

9. Name and Address of Current Registered Agent

PREIKSAT, JON
VENICE HOSITAL INC
540 THE RIALTO
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name: Jon Preiksat
82 Street Address (P.O. Box Number is Not Acceptable): The Venice Endowment Inc.
83 601 S. Tamiami Trail Ste. B
84 City: Venice FL 85 Zip Code: 34285

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: J. Preiksat, Chief Executive Officer — 2-9-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☒ DELETE	11 TITLE	C ☐ Change ☒ Addition
NAME	WILCOX, JUDITH H	12 NAME	Voigt, David
STREET ADDRESS	324 SUNRISE DR	13 STREET ADDRESS	1340 East Venice Avenue
CITY-ST-ZIP	NOKOMIS FL	14 CITY-ST-ZIP	Venice, FL 34285
TITLE	PD ☒ DELETE	21 TITLE	VC ☐ Change ☒ Addition
NAME	NORMAN, JACK A.	22 NAME	Beebe, Richard M.D.
STREET ADDRESS	540 THE RIALTO	23 STREET ADDRESS	420 Bayshore Drive
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP	Venice, FL 34285
TITLE	DC ☒ DELETE	31 TITLE	S ☐ Change ☒ Addition
NAME	WILCOX, JUDITH H	32 NAME	Killorin, Jamie
STREET ADDRESS	324 SUNRISE DR.	33 STREET ADDRESS	601 Harbor Drive S.
CITY-ST-ZIP	NOKOMIS FL	34 CITY-ST-ZIP	Venice, FL 34285
TITLE	DS ☒ DELETE	41 TITLE	T ☐ Change ☒ Addition
NAME	HIGEL, RONALD W DDS	42 NAME	Slattery, Thomas
STREET ADDRESS	145 E. MIAMI AVE.	43 STREET ADDRESS	460 Anchorage Drive
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	Nokomis, FL 34275
TITLE	VC ☒ DELETE	51 TITLE	PD ☐ Change ☒ Addition
NAME	HOUGH, D G	52 NAME	Preiksat, Jon
STREET ADDRESS	P O BOX 1806 NA	53 STREET ADDRESS	601 S. Tamiami Trail Ste. B
CITY-ST-ZIP	VENICE FL	54 CITY-ST-ZIP	Venice, FL 34285
TITLE	D ☒ DELETE	61 TITLE	DC ☐ Change ☒ Addition
NAME	MOSS, ROBERT E MD	62 NAME	Miles, C. Robert
STREET ADDRESS	219 PALMERMO PALM	63 STREET ADDRESS	601 S. Tamiami Trail Ste. B
CITY-ST-ZIP	VENICE FL	64 CITY-ST-ZIP	Venice, FL 34285

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: J. Preiksat — 2/9/96 — 941-486-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JON PREIKSAT, Chief Executive Officer