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FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

601 SOUTH TAMiami TRAIL
SUITE B
VENICE FL 34285
US601 SOUTH TAMiami TRAIL
SUITE B
VENICE FL 34285-3237
US3. Date Incorporated or Qualified
03/15/19633a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-0668991

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREIKSAT, JON
THE VENICE ENDOWMENT INC
601 SOUTH TAMiami TRAIL, SUITE B
VENICE FL 34285

81 Name

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

83

84 City

FL

85 Zip Code

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

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 C ☐ DELETE
NAME VOIGHT, DAVID
STREET ADDRESS 1340 EAST VENICE AVENUE
CITY-ST-ZIP VENICE FL1.1 TITLE C ☒ Change ☐ Addition
1.2 NAME SLATTERY, THOMAS
1.3 STREET ADDRESS 460 ANCHORAGE DRIVE
1.4 CITY-ST-ZIP NOKOMIS, FL 34275TITLE VC ☐ DELETE
NAME BEEBE, RICHARD M D
STREET ADDRESS 420 BAYSHORE DRIVE
CITY-ST-ZIP VENICE FL2.1 TITLE VC ☒ Change ☐ Addition
2.2 NAME PICAZIO, STEPHEN
2.3 STREET ADDRESS 120 BAYVIEW DRIVE
2.4 CITY-ST-ZIP NOKOMIS, FL 34275TITLE S ☐ DELETE
NAME KILLORIN, JAMIE
STREET ADDRESS 601 HARBOR DRIVE SOUTH
CITY-ST-ZIP VENICE FL3.1 TITLE S ☐ Change ☐ Addition
3.2 NAME KILLORIN, JAMIE
3.3 STREET ADDRESS 601 HARBOR DRIVE SOUTH
3.4 CITY-ST-ZIP VENICE, FL 34285TITLE T ☐ DELETE
NAME SLATTERY, THOMAS
STREET ADDRESS 460 ANCHORAGE DRIVE
CITY-ST-ZIP NOKOMIS FL4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME BEBEE, RICHARD
4.3 STREET ADDRESS 420 BAYSHORE DRIVE
4.4 CITY-ST-ZIP VENICE, FL 34285TITLE PD ☐ DELETE
NAME PREIKSAT, JON
STREET ADDRESS 601 SOUTH TAMiami TRAIL, SUITE B
CITY-ST-ZIP VENICE FL5.1 TITLE PD ☐ Change ☐ Addition
5.2 NAME PREIKSAT, JON
5.3 STREET ADDRESS 601 SOUTH TAMiami TRAIL, SUITE B
5.4 CITY-ST-ZIP VENICE, FL 34285TITLE DC ☐ DELETE
NAME MILES, C R
STREET ADDRESS 601 SOUTH TAMiami TRAIL, SUITE B
CITY-ST-ZIP VENICE FL6.1 TITLE DC ☒ Change ☐ Addition
6.2 NAME HARNER, STEPHEN
6.3 STREET ADDRESS 615 VALENCIA DRIVE
6.4 CITY-ST-ZIP VENICE, FL 34285

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 414.07(3)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061200

Jon Preiksats, CEO 1-1357 941-486-4600

CP2E037 (9/96)