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Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705336** (6)

1. Corporation Name
THE VENICE ENDOWMENT, INC.

Principal Place of Business 801 SOUTH TAMiami TRAIL SUITE B VENICE FL 34285 US	Mailing Address 601 SOUTH TAMiami TRAIL SUITE B VENICE FL 34285 US
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3. Date Incorporated or Qualified

03/15/1963

4. FEI Number

59-0668991

Applied For
Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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	<input checked="" type="checkbox"/> DELETE
NAME	VOIGHT, DAVID	
STREET ADDRESS	1340 EAST VENICE AVENUE	
CITY-ST-ZIP	VENICE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BEEBE, RICHARD M D	
STREET ADDRESS	420 BAYSHORE DRIVE	
CITY-ST-ZIP	VENICE FL 34285	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	KILLORIN, JAMIE	
STREET ADDRESS	601 HARBOR DRIVE SOUTH	
CITY-ST-ZIP	VENICE FL 34285	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SLATTERY, THOMAS	
STREET ADDRESS	480 ANCHORAGE DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	

4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PREIKSAT, JON	
STREET ADDRESS	601 SOUTH TAMiami TRAIL, SUITE B	
CITY-ST-ZIP	VENICE FL 34285	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MILES, C R	
STREET ADDRESS	601 SOUTH TAMiami TRAIL, SUITE B	
CITY-ST-ZIP	VENICE FL	

6.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BOONE, STEPHEN K. ESQ	
6.3 STREET ADDRESS	1001 AVENIDA DEL CIRCO	
6.4 CITY-ST-ZIP	VENICE, FL 34285	

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.

SIGNATURE: *Jon Preiksat* JAN 9 1998 (941) 486-4600

CR2E037 (10/97)