


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90032 050 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 705336**

1. Corporation Name

**THE VENICE ENDOWMENT, INC.**

Principal Place of Business

601 SOUTH TAMiami TRAIL  
SUITE B  
VENICE FL 34285  
US

Mailing Address

601 SOUTH TAMiami TRAIL  
SUITE B  
VENICE FL 34285  
US



|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 03/15/1963   |  |
| 22                             | City & State        | 27                  | City & State        | 4. FEI Number  |  |
| 23                             | Zip                 | 28                  | Zip                 | 59-0668991   |  |
| 24                             | Country             | 29                  | Country             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 25                             |                     | 30                  |                     | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| 26                             |                     | 31                  |                     | Trust Fund Contribution <input type="checkbox"/>   |  |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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                      | T                                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BEEBE, RICHARD M D               | 1.2 NAME  |  |
| STREET ADDRESS             | 420 BAYSHORE DRIVE               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL 34285                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S                                | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KILLORIN, JAMIE                  | 2.2 NAME  | 5 MELLOR, CORD ESQ   |
| STREET ADDRESS             | 601 HARBOR DRIVE SOUTH           | 2.3 STREET ADDRESS                                    | 1380 F D TAMiami TRAIL   |
| CITY-ST-ZIP                | VENICE FL 34285                  | 2.4 CITY-ST-ZIP                                       | NORTH PORT, FL 34287   |
| TITLE                      | C                                | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SLATTERY, THOMAS                 | 3.2 NAME  | D SLATTERY, THOMAS   |
| STREET ADDRESS             | 460 ANCHORAGE DRIVE              | 3.3 STREET ADDRESS                                    | 460 ANCHORAGE DRIVE  |
| CITY-ST-ZIP                | NOKOMIS FL 34285                 | 3.4 CITY-ST-ZIP                                       | NOKOMIS, FL 34275  |
| TITLE                      | PD                               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PREIKSAT, JON                    | 4.2 NAME  |  |
| STREET ADDRESS             | 601 SOUTH TAMiami TRAIL, SUITE B | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL 34285                  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DC                               | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BOONE, STEPHEN K ESQ             | 5.2 NAME  | DC PICAIZO, STEPHEN J.   |
| STREET ADDRESS             | 1001 AVENIDA DEL CIRCO           | 5.3 STREET ADDRESS                                    | 120 BAYVIEW DRIVE  |
| CITY-ST-ZIP                | VENICE FL 34285                  | 5.4 CITY-ST-ZIP                                       | NOKOMIS, FL 34275  |
| TITLE                      |                                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  | 6.2 NAME  |  |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                  | 6.4 CITY-ST-ZIP                                       |  |

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 941-4863  
Date Daytime Phone #

CR2E037 (1/98)