2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# 705336

Entity Name: THE VENICE ENDOWMENT, INC.

Current Principal Place of Business:

601 TAMIAMI TRAIL SOUTH
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

601 TAMIAMI TRAIL SOUTH
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-0668991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSEN, TERI A
601 TAMIAMI TRAIL SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BEEBE, RICHARD M D	
Address:	420 BAYSHORE DRIVE	
City-St-Zip:	VENICE, FL 34285	
Title:	S	( ) Delete
Name:	MELLOR, CORD ESQ	
Address:	13801 D TAMIAMI TRAIL	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	D	( ) Delete
Name:	SLATTERY, THOMAS	
Address:	460 ANCHORAGE DRIVE	
City-St-Zip:	NOKOMIS, FL 34285	
Title:	PD	( ) Delete
Name:	HANSEN, TERI A	
Address:	601 SOUTH TAMIAMI TRAIL	
City-St-Zip:	VENICE, FL 34285	
Title:	TD	( ) Delete
Name:	MASON, PETE	
Address:	699 S INDIANA AVE	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	DC	( ) Delete
Name:	DEPALMA, MATT	
Address:	9220 SAN BERNANDINO AVE	
City-St-Zip:	ENGLEWOOD, FL 34224	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERI HANSEN PD 04/13/2004

Electronic Signature of Signing Officer or Director — Date