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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **707345** **(5)**

1. Corporation Name
THE VENICE FOUNDATION, INC.

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

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

3. Date Incorporated or Qualified: 05/26/1964
3a. Date of Last Report: 07/13/1995
4. FEI Number: 59-1052433 ☐ 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

9. Name and Address of Current Registered Agent

PREIKSAT, JON
GULF AREA MEDICAL PROGRAMS 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 Foundation, 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: Jon Preiksat, Chief Executive Officer — DATE: 2-9-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MILES, C. ROBERT 540 THE RIALTO VENICE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CD Miles, C. Robert 601 S. Tamiami Trail Ste. B Venice, FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NORMAN, JACK A. 540 THE RIALTO VENICE FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PD Preiksat, Jon 601 S. Tamiami Trail Ste. B Venice, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD THOMPSON, JAMES H. 260 WEST DEARBORN ST. ENGLEWOOD FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Wilcox, Judith 324 Sunrise Drive Nokomis, FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRANDT, JAMES 720 N. TAMIAMI TRAIL NOKOMIS FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SD Brandt, James 1168 Jacaranda Boulevard Venice, FL 34292	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEEBE, RICHARD 420 BAYSHORE DRIVE VENICE FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Boone, Stephen Esq. 416 Bayshore Drive Venice, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTEN, MAURICE 436 S. NOKOMIS AVENUE VENICE FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Schulten, Maurice, M.D. 436 S. Nokomis Avenue Venice, FL 34285	☒ Change ☐ Addition

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: Jon 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