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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
601 SOUTH TAMIAMI TRAIL SUITE B VENICE FL 34285 US	601 SOUTH TAMIAMI TRAIL SUITE B VENICE FL 34285-3237 US

3. Date Incorporated or Qualified: 05/26/1964
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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
THE VENICE FOUNDATION 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 **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 _____ DATE
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	CD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	MILES, C. ROBERT		1.2 NAME	HARNER, STEPHEN	
STREET ADDRESS	601 SOUTH TAMIAMI TRAIL, SUITE B		1.3 STREET ADDRESS	615 VALENCIA DRIVE	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	VENICE, FL 34285	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☐ Change ☐ Addition
NAME	PREIKSAT, JON		2.2 NAME	PREIKSAT,JON	
STREET ADDRESS	601 SOUTH TAMIAMI TRAIL, SUITE B		2.3 STREET ADDRESS	601 SOUTH TAMIAMI TRAIL, SUITE B	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WILCOX, JUDITH		3.2 NAME	SLATTERY, THOMAS	
STREET ADDRESS	324 SUNRISE DRIVE		3.3 STREET ADDRESS	460 ANCHORAGE DRIVE	
CITY-ST-ZIP	NOKOMIS FL		3.4 CITY-ST-ZIP	NOKOMIS,FL 34275	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BRANDT, JAMES		4.2 NAME	COLLINS, JUDY	
STREET ADDRESS	1168 JACARANDA BLVD		4.3 STREET ADDRESS	461 BAYSHORE DRIVE	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	VENICE,FL 34285	
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	BEEBE, RICHARD		5.2 NAME	BEBEE, RICHARD	
STREET ADDRESS	420 BAYSHORE DRIVE		5.3 STREET ADDRESS	420 BAYSHORE DRIVE	
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP	VENICE,FL 34285	
TITLE	D	☐ DELETE	6.1 TITLE	VC	☐ Change ☐ Addition
NAME	SCHULTEN, MAURICE M D		6.2 NAME	BOONE, STEPHEN	
STREET ADDRESS	436 S. NOKOMIS AVENUE		6.3 STREET ADDRESS	416 BAYSHORE DRIVE	
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP	VENICE, FL 34285	

CR2E037 (9/96)

14. I do 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, CEO 1-13-97 941-486-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064400