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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707345

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/26/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1052433 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☑ Change ☐ Addition
NAME	BOONE, STEPHEN K ESQ		1.2 NAME	BOONE, STEPHEN K ESQ	
STREET ADDRESS	1001 AVENIDA DEL CIRCO		1.3 STREET ADDRESS	1001 Avenida Del Circo	
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PREIKSAT, JON		2.2 NAME		
STREET ADDRESS	601 SOUTH TAMIAMI TRAIL, SUITE B		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		2. 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	COLLINS, JUDY		3.2 NAME	COLLNS, JUDY	
STREET ADDRESS	461 BAYSHORE DR		3.3 STREET ADDRESS	461 Bayshore Dr.	
CITY-ST-ZIP	VENICE FL 34285		3.4. CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	☐ DELETE	4.1 TITLE	CD	☑ Change ☐ Addition
NAME	SLATTERY, THOMAS		4. 2 NAME	SLATTERY, THOMAS	
STREET ADDRESS	460 ANCHORAGE DR		4.3 STREET ADDRESS	460 Anchorage Dr.	
CITY-ST-ZIP	NOKOMIS FL 34275		4.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEEBE, RICHARD		5.2 NAME		
STREET ADDRESS	420 BAYSHORE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTEN, MAURICE M D		6.2 NAME		
STREET ADDRESS	436 S. NOKOMIS AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: JON PREIKSAT FIRED 1-6-99 941-486-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #