# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2004**
**Secretary of State**

DOCUMENT# 707345

**Entity Name:** GULF COAST COMMUNITY FOUNDATION OF VENICE, 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: 59-1052433** **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: | PD | ( ) Delete |
| Name: | HANSEN, TERI | |
| Address: | 601 SOUTH TAMIAMI TR | |
| City-St-Zip: | VENICE, FL | |
| Title: | VD | ( ) Delete |
| Name: | DIGNAM, DAVID | |
| Address: | 1201 S. MCCALL RD. | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |
| Title: | TD | ( ) Delete |
| Name: | MASON, PETE JR | |
| Address: | S INDIANA AVE | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |
| Title: | CD | ( ) Delete |
| Name: | KILLORIN, JAMIE | |
| Address: | 1521 S TAMIAMI TRAIL SUITE 303 | |
| City-St-Zip: | VENICE, FL 34292 | |
| Title: | D | ( ) Delete |
| Name: | ANDERSON, FONA | |
| Address: | 5893 MAYBERRY AVE. | |
| City-St-Zip: | NORTH PORT, FL 34287 | |
| Title: | D | ( ) Delete |
| Name: | FORSBERG, CLARENCE | |
| Address: | 1585 TARPON CENTER DR. #23 | |
| City-St-Zip: | VENICE, FL 34285 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | TD | (X) Change ( ) Addition |
| Name: | MASON, PETE JR | |
| Address: | 699 S INDIANA AVE | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | HAY, DON | |
| Address: | 333 S. TAMIAMI TRAIL, SUITE 199 | |
| City-St-Zip: | VENICE, FL 34285 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | GRAY, CHRIS | |
| Address: | 513 NASSAU STREET SOUTH | |
| City-St-Zip: | VENICE, FL 34285 | |

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