FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734052 (4)

1. Corporation Name
VENICE-NOKOMIS WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
200 N HABOR DR P O BOX 416 VENICE FL 34284	200 N HABOR DR P O BOX 416 VENICE FL 34284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1975
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-6145631 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 200 N. Harbor Dr.	26 P. O. Box 416
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Venice, FL	City & State 28 Venice, FL
Zip 24 34285 Country 25	Zip 29 34284 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ISPHORDING, R.O. 333 S. TAMIAMI TRAIL STE 199 VENICE FL 34285	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ROBERTS, RUTH	1.2 NAME	Roberts, Ruth	
STREET ADDRESS	149 DAVINE DR	1.3 STREET ADDRESS	149 DaVinci Drive	
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	VP	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	MCMILLIN, BETTY	2.2 NAME	McMillin, Betty	
STREET ADDRESS	807 SUN CREST DR	2.3 STREET ADDRESS	807 Sun Crest Dr.	
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	VP	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	MCELHANEY, JEANNE	3.2 NAME	McElhaney, Jeanne	
STREET ADDRESS	1272 S INDIES CIR	3.3 STREET ADDRESS	1272 S. Indies Cir.	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	SO	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DENGEL, FRIEDA	4.2 NAME	Oleson, Signe	
STREET ADDRESS	1220 LAKESIDE DR	4.3 STREET ADDRESS	999 Inlet Cr. #B-204	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	T	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	WOLF, VERA	5.2 NAME	Wolf, Vera	
STREET ADDRESS	1507 BELFREY DR	5.3 STREET ADDRESS	1507 Belfry Dr.	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	AT	6.1 TITLE	AT/D	☒ Change ☐ Addition
NAME	DIMECO, ASTRID	6.2 NAME	Blank, Laura	
STREET ADDRESS	1255 TARPON CTR DR #408	6.3 STREET ADDRESS	1662 Quail Lake Dr.	
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	Venice, FL 34293	

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)(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: Vera J. Wolf 4/3/95 813/488-2369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Vera J. Wolf, Treasurer — Date — Daytime Phone #

COR-0777