FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 734052 (4)

1. Corporation Name

VENICE-NOKOMIS WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
200 N. HARBOR DRIVE VENICE FL 34285 US	P. O. BOX 416 VENICE FL 34284 US

3. Date Incorporated or Qualified: 10/14/1975

3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-6145631 ☐ 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

ISPHORDING, R.O.
333 S. TAMIAMI TRAIL
STE 199
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	PD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ROBERTS, RUTH		1.2 NAME	McMillin, Betty	
STREET ADDRESS	149 DAVINCI DRIVE		1.3 STREET ADDRESS	807 Sun Crest Dr.	
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	VPD	☒ DELETE	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	MCMILLIN, BETTY		2.2 NAME	McElhaney, Jeanne	
STREET ADDRESS	807 SUN CREST DRIVE		2.3 STREET ADDRESS	1272 S. Indies Cir.	
CITY-ST-ZIP	NOKOMIS FL		2.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	VPD	☒ DELETE	3.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	MCELHANEY, JEANNE		3.2 NAME	Carlson, Virginia	
STREET ADDRESS	1272 S. INDIA CIRCLE		3.3 STREET ADDRESS	416 Trento Dr.	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OLESON, SIGNE		4.2 NAME		
STREET ADDRESS	999 INLET CR. #B-204		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, VERA		5.2 NAME		
STREET ADDRESS	1507 BELFRY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP		
TITLE	ATD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BLANK, LAURA		6.2 NAME		
STREET ADDRESS	1662 QUAIL LAKE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP		

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: Vera J. Wolf — 4/10/96 — 941/488-2369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #