FILE NOW: FILING FEE IS $61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34284-0416 US

3. Date Incorporated or Qualified: **10/14/1975**
3a. Date of Last Report: **04/15/1996**

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		☐ Change ☐ Addition
NAME	MCMILLIN, BETTY		1.2 NAME		
STREET ADDRESS	807 SUN CREST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	MCELHANEY, JEANNE		2.2 NAME	Jennings, Marie C.	
STREET ADDRESS	1272 S INDIES CIR		2.3 STREET ADDRESS	1380 Berkshire Ct.	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	VPD	☒ DELETE	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	CARLSON, VIRGINIA		3.2 NAME	Lyons, Dorothy A.	
STREET ADDRESS	416 TRENTO DR		3.3 STREET ADDRESS	740 White Pine Tree Rd. #209	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	SD	☒ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	OLESON, SIGNE		4.2 NAME	Appleby, Marion	
STREET ADDRESS	999 INLET CR. #B-204		4.3 STREET ADDRESS	856 Whitecap Circle	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	Venice, FL 34285	
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	AT/D	☒ Change ☐ Addition
NAME	BLANK, LAURA		6.2 NAME	Cronin, Agnes D.	
STREET ADDRESS	1662 QUAIL LAKE DRIVE		6.3 STREET ADDRESS	1760 Valencia Drive	
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP	Venice, FL 34293	

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 [illegible] 4/9/97 941/488-2369