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Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90053 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **734052**

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

336487 - 90053 - 21

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/14/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6145631 ☐ 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

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	PD	☒ Change ☐ Addition
NAME	SELZER, ORILE		1.2 NAME	Carlson, Virginia	
STREET ADDRESS	405 W SEMINOLE DR		1.3 STREET ADDRESS	722 Bird Bay Circle	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CARLSON, VIRGINIA		2.2 NAME	O'Gorman, Patricia	
STREET ADDRESS	416 TRENTO DR		2.3 STREET ADDRESS	564 Neponsit Drive	
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MERRILL, DOROTHY		3.2 NAME	Pierce, Doris	
STREET ADDRESS	1050 CAPRI ISLES BLVD		3.3 STREET ADDRESS	1111 Deardon Dr.	
CITY-ST-ZIP	VENICE FL 34292		3.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	APPLEBY, MARION		4.2 NAME	Durrer, Ayleen	
STREET ADDRESS	856 WHITECAPE CIRCLE		4.3 STREET ADDRESS	516 Southland Road	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	Venice, FL 34293	
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	HIGGINBOTHAM, FRANCES		6.2 NAME		
STREET ADDRESS	1010 SANDLEWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		6.4 CITY-ST-ZIP		

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: VERA J. WOLF Treasurer RECEIVED Vera J. Wolf 4/1/99 941/488-2369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)