

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 755986 (7)

1. Corporation Name

GREATER VENICE JAYCEES, INC.



Principal Place of Business

P.O. BOX 535  
VENICE FL 34284

Mailing Address

P.O. BOX 535  
VENICE FL 34284

3. Date Incorporated or Qualified  
01/20/1981

3a. Date of Last Report  
12/04/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2173977

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

JOHNSON, KATHI  
6035 DEMING AVE.  
VENICE FL 34287

10. Name and Address of New Registered Agent

81 Name

Ralph E. Herbst, II

82 Street Address (P.O. Box Number is Not Acceptable)

2338 W. Leewynn Dr.

83

84 City

Sarasota

FL

85 Zip Code

34240

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: Ralph E. Herbst II, President

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/96

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

JOHNSON, KATHI

STREET ADDRESS

6035 DEMING AVE.

CITY - ST - ZIP

NORTH PORT FL 34287

TITLE

VD

☒ DELETE

NAME

CLARK, KAY

STREET ADDRESS

104 S. RUBY

CITY - ST - ZIP

NOKOMIS FL 34275

TITLE

TD

☒ DELETE

NAME

HERRON, SAM III

STREET ADDRESS

711 VALENCIA RD

CITY - ST - ZIP

VENICE FL 34285

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD

Ralph E. Herbst, II

2338 W. Leewynn Dr

Sarasota, FL 34240

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

S

Beau Williams

1343 Lucaya Ave

VENICE FL 34292

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TD

Kathi Johnson

215 B W. Venice Ave

Venice FL 34285

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: Ralph E. Herbst II

8/1/96

(941) 377-9945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0014897

CR2E037 (3/96)