2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
03-12-2007 90088 040 ****61.25

DOCUMENT # 763898

1. Entity Name
VENICE AREA OLD TIMERS PICNIC, INC.

3

Principal Place of Business	Mailing Address
1250 COMMERCIAL CIRCLE NOKOMIS, FL 34275	P.O. BOX 1997 VENICE, FL 34284-1997

DO NOT WRITE IN THIS SPACE

02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2254759

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALL, RENEE
508 ACAIA LANE
NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GEORGE, ROBIN
STREET ADDRESS	1055 LILLIAN ST
CITY-ST-ZIP	VENICE, FL 34285
TITLE	S
NAME	MCCULLOUGH, MARYJEAN
STREET ADDRESS	1115 GROVELAND AVENUE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	T
NAME	BALL, RENEE
STREET ADDRESS	508 ACACIA LANE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VP
NAME	BALL, VERLON
STREET ADDRESS	803 STYMIE PLACE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	HIGEL, MICKEY
STREET ADDRESS	1630 LANDFALL DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	JONES, BYRON
STREET ADDRESS	1067 GRAHAM RD.
CITY-ST-ZIP	VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renee Ball Renée Ball 3/30/07 234-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #