

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 763898

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



Principal Place of Business  
1250 COMMERCIAL CIRCLE  
NOKOMIS, FL 34275

Mailing Address  
P.O. BOX 1997  
VENICE, FL 34284-1997

FILED  
Apr 16, 2008 08:00 A  
Secretary of State



04112008 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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee Is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000901185  
04/29/08-80059-007 61.25

10. OFFICERS AND DIRECTORS

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

4/13/08 991-234-6654  
Date Daytime Phone #