

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763898

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** VENICE AREA OLD TIMERS PICNIC, INC.

**Current Principal Place of Business:**

1250 COMMERCIAL CIRCLE  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1997  
VENICE, FL 342841997

**New Mailing Address:**

**FEI Number:** 59-2254759      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BALL, RENEE  
508 ACAIA LANE  
NOKOMIS, FL 34275      US

**Name and Address of New Registered Agent:**

BALL, RENEE  
508 ACACIA LANE  
NOKOMIS, FL 34275      US

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.

SIGNATURE: \_\_\_\_\_

05/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GEORGE, ROBIN  
Address: 1055 LILLIAN ST  
City-St-Zip: VENICE, FL 34285

Title: S      ( ) Delete  
Name: MCCULLOUGH, MARYJEAN  
Address: 1115 GROVELAND AVENUE  
City-St-Zip: NOKOMIS, FL 34275

Title: T      ( ) Delete  
Name: BALL, RENEE  
Address: 508 ACACIA LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: VP      ( ) Delete  
Name: BALL, VERLON  
Address: 803 STYMIE PLACE  
City-St-Zip: VENICE, FL 34285

Title: D      ( ) Delete  
Name: HIGEL, MICKEY  
Address: 1630 LANDFALL DR  
City-St-Zip: NOKOMIS, FL 34275

Title: D      ( ) Delete  
Name: JONES, BYRON  
Address: 1067 GRAHAM RD.  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE BALL

T

05/06/2009

Electronic Signature of Signing Officer or Director

Date