

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766369 (3)

1. Corporation Name

FLOTILLA #8-6, VENICE, INC.



Principal Place of Business

Mailing Address

1200 S HARBOR DR (34285)
P O BOX 1941
VENICE FL 34285

1200 S HARBOR DR (34285)
P O BOX 1941
VENICE FL 34285

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/30/1982

3a. Date of Last Report
04/05/1995

4. FEI Number
59-2513054

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

10. Name and Address of New Registered Agent

**SUN BANK
200 SOUTH NOKOMIS AVENUE
VENICE FL 34285**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE ☐ DELETE
NAME **T HUMPHREY, DONALD**
STREET ADDRESS **1607 BOATHOUSE CIRCLE**
CITY - ST - ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME **D SMITH, KENNETH**
STREET ADDRESS **850 BAYPORT CLIR**
CITY - ST - ZIP **VENICE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME **SD DEVINE, JANE**
STREET ADDRESS **1624 HORIZON RD**
CITY - ST - ZIP **VENICE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME **T HOGARTH, RONALD**
STREET ADDRESS **404 CERROMAR CIRCLE N., #218**
CITY - ST - ZIP **VENICE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME **D GRANGER, WILLIAM**
STREET ADDRESS **730 SORRENTO DULET**
CITY - ST - ZIP **NOKOMIS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME **D MESSANA, JOSEPH**
STREET ADDRESS **9269 STEUBENVILLE AVE**
CITY - ST - ZIP **ENGLEWOOD FL**

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

941-966-2895

Daytime Phone #

CR2E037 (12/95)