FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:23

DOCUMENT # 769419 (3)

1. Corporation Name
SENIORS WITHOUT PARTNERS OF VENICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2185 VENICE FL 34284	P.O. BOX 2185 VENICE FL 34284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WRIGHT, EDNA M.
519 ALBEE FARM ROAD, #209
VENICE FL 34292

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	DAUM, BARBARA W	1.2 NAME		
STREET ADDRESS	982 BIRD BAY WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	STRANG, BILL	2.2 NAME		
STREET ADDRESS	1060 BIRD BAY WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, EDNA M	3.2 NAME		
STREET ADDRESS	519 ALBEE FARM RD #209	3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	KRITZLER, JOAN G	4.2 NAME	CORNELIUS J. COMBER	
STREET ADDRESS	618 BIRD BAY DR S, S-216	4.3 STREET ADDRESS	383 EL GRECO DRIVE	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	OSPREY, FLORIDA 34229	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	FORD, FRANK	5.2 NAME	MARJORIE W. HAMNER	
STREET ADDRESS	1347 PINEBROOK WAY	5.3 STREET ADDRESS	633 ALHAMBRA RA #24	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	VENICE FL 34285	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Edna M. Wright (EDNA M. WRIGHT) 1-30-95 813-484-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004288