

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769419** (3)
1. Corporation Name

SENIORS WITHOUT PARTNERS OF VENICE, INC.

Principal Place of Business P.O. BOX 2185 VENICE FL 34284	Mailing Address P.O. BOX 2185 VENICE FL 34284-2185
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1983	3a. Date of Last Report 02/21/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22 City & State	27	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	32 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, EDNA M.
619 ALBEE FARM ROAD, #209
VENICE FL 34282**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, JOHN D.	1.2 NAME	
STREET ADDRESS	363 GULF BREEZE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUM, BARBARA W.	2.2 NAME	FULGHAM, WILEY R
STREET ADDRESS	982 BIRD BAY WAY	2.3 STREET ADDRESS	420 ARMADA ROAD, S
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE, FL 34285
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAYER, FRITZIE	4.2 NAME	
STREET ADDRESS	232 ST AUGUSTINE 807E	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMAKER, MARJORIE W	5.2 NAME	
STREET ADDRESS	808 BAYPORT CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, FRANK J.	6.2 NAME	PACKARD, RICHARD
STREET ADDRESS	1347 PINEBROOK WAY	6.3 STREET ADDRESS	6 COOPER STREET
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	VENICE, FL 34285

14. I do hereby certify that the information supplied with this filing 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**

4-07-97(941)484-6049

CR2E037 (9/96)