


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90075 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769419					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/15/1983 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BARR, LOIS JONES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1303 MANGO AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL 34292</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FULGHAM, WILEY R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>420 ARMADA ROAD, S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WRIGHT, EDNA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>519 ALBEE FARM RD #209</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NEWMEYER, ELLIE</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>NEWMEYER, ELLIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>232 ST AUGUSTINE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LARIVIERE, SHIRLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>420 BAYCREST DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL 34285</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HOLIDAY, ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>325C THREE LAKES LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL 34292</td> <td></td> </tr> </table>			TITLE	T	<input checked="" type="checkbox"/> DELETE	NAME	BARR, LOIS JONES		STREET ADDRESS	1303 MANGO AVE		CITY-ST-ZIP	VENICE FL 34292		TITLE	D	<input type="checkbox"/> DELETE	NAME	FULGHAM, WILEY R.		STREET ADDRESS	420 ARMADA ROAD, S		CITY-ST-ZIP	VENICE FL		TITLE	S	<input type="checkbox"/> DELETE	NAME	WRIGHT, EDNA M		STREET ADDRESS	519 ALBEE FARM RD #209		CITY-ST-ZIP	VENICE FL		TITLE	NEWMEYER, ELLIE	<input checked="" type="checkbox"/> DELETE	NAME	NEWMEYER, ELLIE		STREET ADDRESS	232 ST AUGUSTINE AVE		CITY-ST-ZIP	VENICE FL		TITLE	V	<input checked="" type="checkbox"/> DELETE	NAME	LARIVIERE, SHIRLEY		STREET ADDRESS	420 BAYCREST DR		CITY-ST-ZIP	VENICE FL 34285		TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME	HOLIDAY, ANN		STREET ADDRESS	325C THREE LAKES LANE		CITY-ST-ZIP	VENICE FL 34292		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Janda, Eileen</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>755 Spruce St.</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Englewood FL 34223</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>T</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>Burke, Harrietta</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>504 Canal Way</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>Nokomis FL 34275</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>V</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>Nuzzo, Maria</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>831 Waterside Dr. #202</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td>Venice FL 34292</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td>Collier, John</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td>363 Gulf Breeze Blvd.</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td>Venice FL 34293</td> <td></td> </tr> </table>			1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	Janda, Eileen		1.3 STREET ADDRESS	755 Spruce St.		1.4 CITY-ST-ZIP	Englewood FL 34223		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	Burke, Harrietta		4.3 STREET ADDRESS	504 Canal Way		4.4 CITY-ST-ZIP	Nokomis FL 34275		5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	Nuzzo, Maria		5.3 STREET ADDRESS	831 Waterside Dr. #202		5.4 CITY-ST-ZIP	Venice FL 34292		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	Collier, John		6.3 STREET ADDRESS	363 Gulf Breeze Blvd.		6.4 CITY-ST-ZIP	Venice FL 34293	
TITLE	T	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	BARR, LOIS JONES																																																																																																																																																				
STREET ADDRESS	1303 MANGO AVE																																																																																																																																																				
CITY-ST-ZIP	VENICE FL 34292																																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	FULGHAM, WILEY R.																																																																																																																																																				
STREET ADDRESS	420 ARMADA ROAD, S																																																																																																																																																				
CITY-ST-ZIP	VENICE FL																																																																																																																																																				
TITLE	S	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	WRIGHT, EDNA M																																																																																																																																																				
STREET ADDRESS	519 ALBEE FARM RD #209																																																																																																																																																				
CITY-ST-ZIP	VENICE FL																																																																																																																																																				
TITLE	NEWMEYER, ELLIE	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	NEWMEYER, ELLIE																																																																																																																																																				
STREET ADDRESS	232 ST AUGUSTINE AVE																																																																																																																																																				
CITY-ST-ZIP	VENICE FL																																																																																																																																																				
TITLE	V	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	LARIVIERE, SHIRLEY																																																																																																																																																				
STREET ADDRESS	420 BAYCREST DR																																																																																																																																																				
CITY-ST-ZIP	VENICE FL 34285																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	HOLIDAY, ANN																																																																																																																																																				
STREET ADDRESS	325C THREE LAKES LANE																																																																																																																																																				
CITY-ST-ZIP	VENICE FL 34292																																																																																																																																																				
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
1.2 NAME	Janda, Eileen																																																																																																																																																				
1.3 STREET ADDRESS	755 Spruce St.																																																																																																																																																				
1.4 CITY-ST-ZIP	Englewood FL 34223																																																																																																																																																				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
2.2 NAME																																																																																																																																																					
2.3 STREET ADDRESS																																																																																																																																																					
2.4 CITY-ST-ZIP																																																																																																																																																					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
3.2 NAME																																																																																																																																																					
3.3 STREET ADDRESS																																																																																																																																																					
3.4 CITY-ST-ZIP																																																																																																																																																					
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
4.2 NAME	Burke, Harrietta																																																																																																																																																				
4.3 STREET ADDRESS	504 Canal Way																																																																																																																																																				
4.4 CITY-ST-ZIP	Nokomis FL 34275																																																																																																																																																				
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
5.2 NAME	Nuzzo, Maria																																																																																																																																																				
5.3 STREET ADDRESS	831 Waterside Dr. #202																																																																																																																																																				
5.4 CITY-ST-ZIP	Venice FL 34292																																																																																																																																																				
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
6.2 NAME	Collier, John																																																																																																																																																				
6.3 STREET ADDRESS	363 Gulf Breeze Blvd.																																																																																																																																																				
6.4 CITY-ST-ZIP	Venice FL 34293																																																																																																																																																				

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Edna M. Wright 484-6049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)