

FILED  
May 19, 2003 8:00 am  
Secretary of State

04-24-2003 90153 016 \*\*\*\*61.50

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 769419

1. Entity Name

SENIORS WITHOUT PARTNERS OF VENICE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2185  
VENICE FL 34284

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VENICE FL 34284

2. Principal Place of Business

COMMUNITY CENTER

Suite, Apt. #, etc.

3. Mailing Address BOX 2185

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

34284-2185

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

SARASOTA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUISEPPI, VINNIE D  
801 WATERSIDE DR  
#204  
VENICE FL 34292

Name

CLOCK, GENE

Street Address (P.O. Box Number is Not Acceptable)

364 CENTER ROAD

VENICE,

34292

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME NUZZO, MARIE  
STREET ADDRESS 801 WATERSIDE DR #202 512 W. VEN. AVE  
CITY-ST-ZIP VENICE FL 34282 34285

TITLE D  
NAME KLEIN, GRACE  
STREET ADDRESS 170 JASMINE RD  
CITY-ST-ZIP VENICE FL 34293

TITLE S  
NAME WRIGHT, EDNA M  
STREET ADDRESS 519 ALBEE FARM RD #209  
CITY-ST-ZIP VENICE FL 34292

TITLE T  
NAME DIGUISEPPI, VINNIE  
STREET ADDRESS 801 WATERSIDE DR  
CITY-ST-ZIP VENICE FL 34292

TITLE V  
NAME SMITH, MARY R  
STREET ADDRESS 232 ST AUGUSTINE APT 505-E  
CITY-ST-ZIP VENICE FL 34285

TITLE D  
NAME JUSTICE, JOHN  
STREET ADDRESS 518 WEXFORD DR  
CITY-ST-ZIP VENICE FL 34293

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President  
NAME NUZZO, MARIE  
STREET ADDRESS 512 W. VENICE AVE.  
CITY-ST-ZIP VENICE, FL 34285

TITLE Director  
NAME FISHER, MARY  
STREET ADDRESS 904 ADDINGTON CT  
CITY-ST-ZIP ENGLEWOOD, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME GENE CLOCK  
STREET ADDRESS 364 CENTER ROAD  
CITY-ST-ZIP VENICE, FL 34292

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME TURNER, LOVYNE  
STREET ADDRESS 431 BELMONT AVE.  
CITY-ST-ZIP VENICE FL 34293

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SECRETARY SIGNATURE REQUIRED Edna M. Wright

Date

Daytime Phone #

CR2E037 (10/02)