

# 2004 FORT MYERS COUNTY ANNUAL REPORT

DOCUMENT # N01000000386

1. Entity Name  
FRIENDS OF THE VENICE COMMUNITY CENTER, INC.



Principal Place of Business  
326 S. NOKOMIS AVE.  
VENICE, FL 34284

Mailing Address  
1301 PINE NEEDLE RD  
VENICE, FL 34292

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90035 035 \*\*\*\*61.25



2. Principal Place of Business

3. Mailing Address

234 MT. PLEASANT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 23

03172004

Chg-NP

CR2E037 (10/03)

City & State

City & State

LAUREL, FLORIDA

4. FEI Number

65-1066793

Applied For

Not Applicable

Zip

34285

Country

Zip

34292

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

HILLER, DONALD A  
1301 PINE NEEDLE RD  
VENICE, FL 34292

Name DRIGGERS, HENRIETTA K.

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

234 MT. PLEASANT ROAD

City

LAUREL

FL

Zip Code

34292

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 *Henrietta K. Driggers*  
Signature, typed or printed name of registered agent and title if applicable.

HENRIETTA K. DRIGGERS

4/5/04

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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 DRIGGERS, HENRIETTA K  
STREET ADDRESS 234 MT. PLEASANT ROAD  
CITY-ST-ZIP LAUREL, FL 34292 ☐ Delete

TITLE VP  
NAME HAVENS, IRENE  
STREET ADDRESS 642 WHITE PINE ROAD  
CITY-ST-ZIP VENICE, FL 34292 ☐ Delete

TITLE T  
NAME WOLL, BILL  
STREET ADDRESS 719 LACARNO DRIVE  
CITY-ST-ZIP VENICE, FL 34292 ☐ Delete

TITLE S  
NAME CORNELISSEN, LUCILLE  
STREET ADDRESS 750 AVENIDA ESTANCIA, APT. B CAPRI ISLAND  
CITY-ST-ZIP VENICE, FL 34292 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *William K. Woll* WILLIAM K. WOLL 4/5/04 941/486-9020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

TREASURER