# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2006**
**Secretary of State**

DOCUMENT# N01000000386

**Entity Name:** FRIENDS OF THE VENICE COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

326 S. NOKOMIS AVE.
VENICE, FL 34284

**New Principal Place of Business:**

326 S. NOKOMIS AVE.
VENICE, FL 34285

**Current Mailing Address:**

234 MT. PLEASANT RD
PO BOX 23
VENICE, FL 34292

**New Mailing Address:**

**FEI Number: 65-1066793** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRIGGERS, HENRIETTA K
234 MT. PLEASANT RD
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DRIGGERS, HENRIETTA K
Address: 234 MT. PLEASANT ROAD
City-St-Zip: LAUREL, FL 34292

Title: VP ( ) Delete
Name: HAVENS, IRENE
Address: 642 WHITE PINE ROAD
City-St-Zip: VENICE, FL 34292

Title: T ( ) Delete
Name: WOLL, BILL
Address: 719 LACARNO DRIVE
City-St-Zip: VENICE, FL 34292

Title: S ( ) Delete
Name: NASH, VERA
Address: 1271 LAKESIDE WOODS DRIVE
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K. WOLL T 04/06/2006

Electronic Signature of Signing Officer or Director — Date