

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90028 042 ****70.00

DOCUMENT # N01000000386					
1. Entity Name FRIENDS OF THE VENICE COMMUNITY CENTER, INC.					
Principal Place of Business 326 S. NOKOMIS AVE. VENICE, FL 34285			Mailing Address 234 MT. PLEASANT RD PO BOX 23 VENICE, FL 34292 LAUREL, FL 34292		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 234 MT PLEASANT RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAUREL FL		4. FEI Number 65-1066793	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34292		Country USA		03052007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DRIGGERS, HENRIETTA K 234 MT. PLEASANT RD VENICE, FL 34292			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 - Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME DRIGGERS, HENRIETTA K STREET ADDRESS 234 MT. PLEASANT ROAD CITY - ST - ZIP LAUREL, FL 34292	<input type="checkbox"/> Delete		TITLE VP NAME BUSCH, MILLIE STREET ADDRESS 505 INDIANA AVE CITY - ST - ZIP NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HAVENS, IRENE STREET ADDRESS 642 WHITE PINE ROAD CITY - ST - ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE VP NAME IRENE HAVENS STREET ADDRESS 642 WHITE PINE TREE RD. CITY - ST - ZIP VENICE FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WOLL, BILL STREET ADDRESS 719 LACARNO DRIVE CITY - ST - ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE S NAME NASH, VERA STREET ADDRESS 408 COUNTRY MEADOWS WAY CITY - ST - ZIP BRADENTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME NASH, VERA STREET ADDRESS 1271 LAKESIDE WOODS DRIVE CITY - ST - ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE VP NAME BUSCH, MILLIE STREET ADDRESS 505 INDIANA AVE CITY - ST - ZIP NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HAVENS, IRENE STREET ADDRESS 642 WHITE PINE ROAD CITY - ST - ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE T NAME WOLL, BILL STREET ADDRESS 719 LACARNO DRIVE CITY - ST - ZIP VENICE, FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WOLL, BILL STREET ADDRESS 719 LACARNO DRIVE CITY - ST - ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE S NAME NASH, VERA STREET ADDRESS 1271 LAKESIDE WOODS DRIVE CITY - ST - ZIP VENICE, FL 34285	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME NASH, VERA STREET ADDRESS 1271 LAKESIDE WOODS DRIVE CITY - ST - ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE VP NAME BUSCH, MILLIE STREET ADDRESS 505 INDIANA AVE CITY - ST - ZIP NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Irene Havens</u>			3-16-07 941-484-4820		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		