

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90026 047 ****61.25

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



40049183



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1066793

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Keely Driggers
Signature, typed or printed name of registered agent, as required applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 4, 2008

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DRIGGERS, HENRIETTA K
STREET ADDRESS	234 MT. PLEASANT ROAD
CITY-ST-ZIP	LAUREL, FL 34292
TITLE	VP
NAME	BUSCH, MILLIE
STREET ADDRESS	505 INDIANA AVE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	T
NAME	HAVENS, IRENE
STREET ADDRESS	642 WHITE PINE TREE
CITY-ST-ZIP	BRADENTON, FL 34285 <i>VENICE, FL 34285</i>
TITLE	S
NAME	NASH, VERA
STREET ADDRESS	608 COUNTRY MEADOWS WAY
CITY-ST-ZIP	BRADENTON, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Henrietta Keely Driggers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 4, 2008