

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000386

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

326 S. NOKOMIS AVE.
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

642 WHITE PINE TREE RD.
VENICE, FL 34285

FEI Number: 65-1066793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

HAVENS, IRENE D
642 WHITE PINE TREE RD.
VENICE, FL 34285 US

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: IRENE D. HAVENS

03/19/2009

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: BUSCH, MILLIE
Address: 505 INDIANA AVE
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: HAVENS, IRENE
Address: 642 WHITE PINE TREE
City-St-Zip: VENICE, FL 34285

Title: S () Delete
Name: NASH, VERA
Address: 608 COUNTRY MEADOWS WAY
City-St-Zip: BRADENTON, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NASH, VERA
Address: 608 COUNTRY MEADOWS WAY
City-St-Zip: BRADENTON, FL 34212

Title: VP (X) Change () Addition
Name: STEWART, NORMAN
Address: 313 REUBENS DRIVE
City-St-Zip: NOKOMIS, FL 34275

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

Title: 2 VP (X) Change () Addition
Name: HLADKY, DENNIS
Address: 214 ARNO ROAD
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify 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: IRENE D. HAVENS

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date