




FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007760 1. Entity Name SOUTH VENICE RESIDENT COALITION, INC.			
Principal Place of Business 480 SOUTHLAND ROAD VENICE, FL 34293		Mailing Address 480 SOUTHLAND ROAD VENICE, FL 34293	
DO NOT WRITE IN THIS SPACE			
		04192004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 01-0718744 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURST, PATRICIA 480 SOUTHLAND ROAD VENICE, FL 34293		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 _____ (NOTE: Registered Agent signature required when: (a) replacing)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		DATE 04/30/04-80034-025 61.25	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HURST, JAMES M JR. 480 SOUTHLAND ROAD VENICE, FL 34293		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WOODLEY, PAT 471 URBANA ROAD VENICE, FL 34293		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HURST, PATRICIA 480 SOUTHLAND ROAD VENICE, FL 34293		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BURGESS, ALICE 755 PONDEROSA ROAD VENICE, FL 34293		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ZELICK, SANDIE 1091 CONVERT RD. VENICE, FL 34293		
11. 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:  PAT WOODLEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/28/04 941-554-2046 Daytime Phone #	