2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 30, 2008 8:00 am Secretary of State

DOCUMENT # N0300000184 1. Entity Name THE VENETIAN CLUB, INC.					07-30-2008 90028 043 ****70.00			
Principal Place of Business 917 CHIPPEWA ST. ST. AUGUSTINE, FL 32086 Principal Place of Business Mailing Address PO BOX 1162 ST AUGUSTINE, FL 32085							9511)	1/1 2 2 1 0 2
2. Principal F	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07062008 Ch	ıg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 43-199581	4	 	oplied For of Applicable	
Zip	Country	Zip Cou		try	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name				
JACKSON, THOMAS 917 CHIPPEWA ST. Str					idress (P.O. Box Number is Not Acceptable)			
ST. AUGUSTINE, FL 32086								
				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 Signature, typed or property of name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
<u> </u>	Filing Fee is \$61.25 ue by September 12, 2008	Trust Fund Co	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANGE	S TO OFFICER	S AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, THOMAS 917 CHIPPEWA ST ST AUGUSTINE, FL 32086	□ Delete	TITLE NAME STREET / CITY-ST	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, BARBARA 917 CHIPPEWA ST ST AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD BRYANT, JACQUELINE 917 CHIPPEWA ST. ST. AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, HENRY 848 WHITE EAGLE CIR ST AUGUSTINE, FL 32086	□ Delete	TITLE NAME STREET / CITY-ST	ADDRESS T-ZIP	-		☐ Change	Addition
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	SD JENKINS, ISABELLE 9 BLANCHE LANE ST. AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS T-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	☐ Delete	CITY-ST		t in Chanter 110. Flori	da Statutos 1 fe	☐ Change	Addition

** The cuty certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 1.19. 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:

Mohan Ma Thomas Tackson
NATURE MOTIVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1/21/08 (904)69-8863