

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000749

1. Entity Name
THE MEETING ROOM OF VENICE, FLORIDA, INC.



Principal Place of Business
316 SEABOARD AVENUE
VENICE, FL 34292

Mailing Address
JAMES GUERIN
1702 BAMBOO DR
VENICE, FL 34293

FILED
Aug 29, 2008 08:00 AM
Secretary of State



08182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0769365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAUNDERS, JONATHAN R
677 N. WASHINGTON BLVD.
SARASOTA, FL 34236

**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 reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ERNST, RON
STREET ADDRESS	5931 PALMER BLVD.
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	TD
NAME	GUERIN, JIM
STREET ADDRESS	1702 BAMBOO DRIVE
CITY-ST-ZIP	VENICE, FL 34285

TITLE	SD
NAME	DUNCAN, BOBBIE
STREET ADDRESS	814 BIRD BAY WAY
CITY-ST-ZIP	VENICE, FL 34285

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000958564
08/29/08-80001-024 61.25

**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:

James T. Guerin **James T. Guerin** **8/26/08** **941-497-4381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #