

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/1

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-08-2008 90017 039 ****61.25

DOCUMENT # N07000011581

1. Entity Name

VENISEE GROUP HOME, INC.



Principal Place of Business

5281 NW 180 TERR.
MIAMI FL 33169

Mailing Address

5281 NW 180 TERR.
MIAMI FL 33169

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

65-2365479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VENISEE, JAMES
5281 NW 180 TERR.
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 printed name of registered agent and the if applicable.

(NOTE: For stated Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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 DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VENISEE, FREDONIA	
STREET ADDRESS	5281 NW 180 TERR.	
CITY- ST- ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VENISEE, JAMES	
STREET ADDRESS	5281 NW 180 TERR.	
CITY- ST- ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERS, SANDRA	
STREET ADDRESS	18022 NW 47 PL.	
CITY- ST- ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVENS, MARION	
STREET ADDRESS	1835 NW 188 TERR.	
CITY- ST- ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 Venisee James Venisee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/08 - 305-624-7532

DATE

Daytime Phone #