FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39670 (7)

1. Corporation Name

VENICE-ENGLEWOOD BAR ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
341 VENICE AVE. WEST VENICE FL 34285	341 VENICE AVE. WEST VENICE FL 34285

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 01/20/1994
4. FEI Number: 65-0350725 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOONE, STEPHEN K. 1001 AVENIDA DEL CIRCO VENICE FL 34285	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FISHER, C M	1.2 NAME	Fisher, C.M.	
STREET ADDRESS	2800 PLACIDA RD, STE 112	1.3 STREET ADDRESS	2800 Placida RD, Ste. 112	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, FL 34224	
TITLE	TD	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	KLINGBEIL, ROBERT T.	2.2 NAME	Klingbeil, Robert T.	
STREET ADDRESS	341 VENICE AVE W	2.3 STREET ADDRESS	341 Venice Ave. W.	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	SD	3.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	MUDGE, ROBERT P	3.2 NAME	Cord C. Mellor	
STREET ADDRESS	355 VENICE AVE W	3.3 STREET ADDRESS	13801 S. Tamiami Trail, Ste 405	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	North Port, FL 34287	
TITLE	D	4.1 TITLE	D/S	☒ Change ☐ Addition
NAME	VANDERWULP, SHARON S	4.2 NAME	Snowden Mowery	
STREET ADDRESS	227 SOUTH NOKOMIS AVENUE	4.3 STREET ADDRESS	227 South Nokomis Ave.	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	PD	5.1 TITLE	D/T	☒ Change ☐ Addition
NAME	GRONER, RICHARD	5.2 NAME	Gloria J. DeMedio	
STREET ADDRESS	355 VENICE AVE W	5.3 STREET ADDRESS	1505 S. Tamiami Trail, Ste 405	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	Joseph R. DeCiantis	
STREET ADDRESS		6.3 STREET ADDRESS	341 Venice Ave. W.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Venice, FL 34285	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for nondisclosure granted in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria J. DeMedio (Treasurer) 4-28-95 813-497-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gloria J. DeMedio

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