

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N39670** (7)

1. Corporation Name

**VENICE-ENGLEWOOD BAR ASSOCIATION, INC.**

Principal Place of Business

**341 VENICE AVE. WEST  
VENICE FL 34285**

Mailing Address

**341 VENICE AVE. WEST  
VENICE FL 34285**



3. Date Incorporated or Qualified  
**08/13/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FISHER, C.M.</b>	
STREET ADDRESS	<b>2800 PLACIDA RD, STE. 112</b>	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>KLINGNEIL, ROBERT T.</b>	
STREET ADDRESS	<b>341 VENICE AVE. W.</b>	
CITY - ST - ZIP	<b>VENICE FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MELLOR, CORD C.</b>	
STREET ADDRESS	<b>13801 S. TAMiami TRAIL, STE 405</b>	
CITY - ST - ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>MOWERY, SNOWDEN</b>	
STREET ADDRESS	<b>227 SOUTH NOKOMIS AVE.</b>	
CITY - ST - ZIP	<b>VENICE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMEDIO, GLORIDA J.</b>	
STREET ADDRESS	<b>1505 S. TAMiami TRAIL, STE 405</b>	
CITY - ST - ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DECANTIS, JOSEPH R.</b>	
STREET ADDRESS	<b>341 VENICE AVE. W</b>	
CITY - ST - ZIP	<b>VENICE FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CHARLES HINES</b>	
1.3 STREET ADDRESS	<b>1001 Avenida Del Circo</b>	
1.4 CITY - ST - ZIP	<b>Venice, FL 34285</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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:

*Signature of Charles Hines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-21-96 (941) 485-1571**  
Date Daytime Phone #

CR2E037 (3/96)