## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

r# **N3967**0

(7)

VENICE-ENGLEWOOD BAR ASSOCIATION, INC.

Principal Place of Business Mailing Address

241 VENICE AVE MEST

## FILED May 14 1997 8:00am Secretary of State



341 VENICE AV VENICE FL 342		341 VENICE AVE. WEST VENICE FL 34285-2004					
					3. Date Incorporated or Qualified 08/13/1990	3a. Date of Last 06/27/	Report <b>1996</b>
	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	Applied For
Suite, Apt. #, etc.		26		65-0350725		Not Applicable	
Suite, Apt.	#, G(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	d \$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		<b>0</b> May Be d to Fees
Zip 24	Country Zip 29 3			Country  8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes  Yes No			s. 199.032,
24	9, Name and Address of Current		1901		10. Name and Address of New Reg		
<del></del>		<u></u>		81 Name		·	
BOONE.	, STEPHEN K.			<b>B2</b> Street	Address (B.O. Pay Number is Not Assentable	۵۱	
1001 AVENIDA DEL CIRCO VENICE FL 34285							
			Ī	83			
			}	B4 City		FI 85 Zi	p Code
11. Pursuant I	to the provisions of Sections 617.0502	and 617 1508, Florida Statu	ites, the at	oove-named	corporation submits this statement for the pu	urpose of changing	its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was	authorized	d by the corp	poration's board of directors. I hereby accept	t the appointment i	as registered
SIGNATURE _	The same will be a second to a second						
	Signature, typed or printed name of registered agen	<del></del>		Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D D	DELETE	1.1 10		COEC POBERTS	☐ Change	Addition
NAME STREET ADDRESS	HINES, CHARLES 1001 AVENIDA DEL CIRCO		1.2 NA	rme Reet address	GREG ROBERTS 341 VENICE AVE. W.		
CITY-ST-ZIP	VENICE FL			TY-ST- <i>T</i> IP	VENICE, FL 34285		
TITLE	D	DELETE	2.1 10		DT		Addition
NAME	MANAGER BARRATT	LESS DELLETE			<b>   </b>	Change	augilion 🔼 🖰
STREET ADDRESS	KUNGNEIL, KOBEKT I.	POPULETIC	2.1 NA	ME	l * *	Change	AUGIIIUII
	KUNGNEIL, ROBERT T. 341 VENICE AVE. W.	<b>P</b> olitic	2.2 NA	ME Reet address	ANN THOMPSON		Aughlon
CITY-ST-ZIP	KUNGNEIL, HOBERT T. 341 VENICE AVE. W. VENICE FL	January 1	2.2 NA 2.3 ST		ANN THOMPSON 152 NOKOMIS AVE N		Audillibri
1	341 VENICE AVE. W. VENICE FL DP	DELETE	2.2 NA 2.3 ST	REET ADDRESS ITY-ST-ZIP	ANN THOMPSON		
CITY-ST-ZIP	341 VENICE AVE. W. VENICE FL DP MELLOR, CORD C.	DELÉTE	2.2 NA 2.3 ST 2.4 D	REET ADDRESS ITY-ST-ZIP ILE	ANN THOMPSON 152 NOKOMIS AVE N. VENICE, FL 34285	•	
CITY-ST-ZIP TITLE	341 VENICE AVE. W. VENICE FL  DP MELLOR, CORD C. 13801 S. TAMIAMI TRAIL, STE	DELÉTE	2.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA	REET ADDRESS ITY-ST-ZIP ILE	ANN THOMPSON 152 NOKOMIS AVE N. VENICE, FL 34285	•	
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 ampowered 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 officer or director of the receiver of the receiver

MONATURE. As an Andrie W. A. DOMANIA W. W. C. MANING AL 20.97 CON 495-157