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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N39670 (7)
1. Corporation Name

VENICE-ENGLEWOOD BAR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

341 VENICE AVE. WEST
VENICE FL 34285

341 VENICE AVE. WEST
VENICE FL 34285-2004

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/13/1990

3a. Date of Last Report
06/27/1996

4. FEI Number
65-0350725

Applied For
Not Applicable

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

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 D ☒ DELETE
NAME HINES, CHARLES
STREET ADDRESS 1001 AVENIDA DEL CIRCO
CITY-ST-ZIP VENICE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME GREG ROBERTS
1.3 STREET ADDRESS 341 VENICE AVE. W.
1.4 CITY-ST-ZIP VENICE, FL 34285

TITLE D ☒ DELETE
NAME KLINGNEIL, ROBERT T.
STREET ADDRESS 341 VENICE AVE. W.
CITY-ST-ZIP VENICE FL

2.1 TITLE DT ☐ Change ☒ Addition
2.2 NAME ANN THOMPSON
2.3 STREET ADDRESS 152 NOKOMIS AVE N.
2.4 CITY-ST-ZIP VENICE, FL 34285

TITLE DP ☐ DELETE
NAME MELLOR, CORD C.
STREET ADDRESS 13801 S. TAMiami TRAIL, STE 405
CITY-ST-ZIP NORTH PORT FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME MOWERY, SNOWDEN
STREET ADDRESS 227 SOUTH NOKOMIS AVE.
CITY-ST-ZIP VENICE FL

4.1 TITLE DS ☒ Change ☐ Addition
4.2 NAME MOWRY, SNOWDEN correct spelling
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME DEMEDIO, GLORIDA J.
STREET ADDRESS 1505 S. TAMiami TRAIL, STE 405
CITY-ST-ZIP VENICE FL

5.1 TITLE DP ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME DECANTIS, JOSEPH R.
STREET ADDRESS 341 VENICE AVE. W
CITY-ST-ZIP VENICE FL

6.1 TITLE DVP ☒ Change ☐ 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 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 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 any attachment with an address.

SIGNATURE: *[Signature]* DATE: 5/14/97

CR2E037 (9/96)