

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90015 012 ****61.25

DOCUMENT # N39670

1. Entity Name
VENICE-ENGLEWOOD BAR ASSOCIATION, INC.



Principal Place of Business
**1001 AVENIDA DEL CIRCO
VENICE, FL 34285**

Mailing Address
**1001 AVENIDA DEL CIRCO
VENICE, FL 34285**

54001039



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0350725

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOONE, STEPHEN K.
1001 AVENIDA DEL CIRCO
VENICE, FL 34285**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MAZZEO, MARK
4120 WOODMERE PARK BLVD STE 8A
VENICE, FL 34293 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
THOMPSON, ANN
152 NOKOMIS AVE. N.
VENICE, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KODA, JOHN
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
FROOK, PEGGY
1001 AVENIDA DEL CIRCO
VENICE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MACK, JACQULYN
80 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BROOME, JULIAN F JR.
118 SHAMROCK BLVD.
VENICE, FL 34293 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
A. BRENT MCPEEK
3986 TAMiami TRAIL SOUTH
VENICE, FL 34293 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
M. MARIE WILSON
13801 SOUTH TAMiami TRAIL, SUITE D
NORTH PORT, FL 34287 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHN J. DULMER, JR.
229 PENSACOLA ROAD
VENICE, FL 34285 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CATHERINE M. DOUGLAS
18501 MURDOCK CIRCLE, 6th FLOOR
PORT CHARLOTTE, FL 33948 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACK, JACQULYN
2022 PLACIDA ROAD
ENGLEWOOD, FL 34223 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04 941
426-1193