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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001524 (5)**

1. Corporation Name

THE THIRD PLACE, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 1266
VENICE FL 34284-1266**

**P.O. BOX 1266
VENICE FL 34284-1266**

3. Date Incorporated or Qualified
03/20/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 **263 N. Nokomis Ave., Venice, FL**
Suite, Apt. #, etc.

2a. Mailing Address
26 **PO box 1266**
Suite, Apt. #, etc.

4. FEI Number
6507 39492

Applied For
Not Applicable

22 City & State

27 City & State
VENICE, FL

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

23 Zip
25 Country

28 Zip
34284
30 Country
USA

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

**SNYDER, W R
355 W VENICE AVE
VENICE FL 34285**

81 Name
SAME
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	DP	☐ DELETE
NAME	DELOREY, JENNIFER D	
STREET ADDRESS	P.O. BOX 1266	
CITY-ST-ZIP	VENICE FL 34284-1266	
TITLE	DS	☐ DELETE
NAME	SNYDER, ANDREW C	
STREET ADDRESS	P.O. BOX 1266	
CITY-ST-ZIP	VENICE FL 34284-1266	
TITLE	T	☐ DELETE
NAME	HIGGINS, CHRISTOPHER A	
STREET ADDRESS	P.O. BOX 1266	
CITY-ST-ZIP	VENICE FL 34284-1266	
TITLE	D	☐ DELETE
NAME	DEVRIES, SCOTT H	
STREET ADDRESS	P.O. BOX 1266	
CITY-ST-ZIP	VENICE FL 34284-1266	
TITLE	D	☐ DELETE
NAME	WILLIAMS, DAMON C	
STREET ADDRESS	P.O. BOX 1266	
CITY-ST-ZIP	VENICE FL 34284-1266	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	DeLorey, Jennifer D.	
1.3 STREET ADDRESS	7250 Rangl Dr.	
1.4 CITY-ST-ZIP	Sarasota, FL 34241	
2.1 TITLE	DS	☐ Change ☐ Addition
2.2 NAME	SNYDER, ANDREW C	
2.3 STREET ADDRESS	614 RAVENNA ST.	
2.4 CITY-ST-ZIP	VENICE, FL 34285	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	HEATHER KANE	
3.3 STREET ADDRESS	4010 WOODVIEW DR	
3.4 CITY-ST-ZIP	SARASOTA, FL 34232	
4.1 TITLE	D	☐ Change ☐ Addition
4.2 NAME	DEVRIES, SCOTT	
4.3 STREET ADDRESS	425 JACKSON ROAD N	SAME
4.4 CITY-ST-ZIP	VENICE, FL 34284	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	WILLIAMS, DAMON C	
5.3 STREET ADDRESS	2725 SHAMROCK DR	SAME
5.4 CITY-ST-ZIP	VENICE, FL 34293	
6.1 TITLE		☐ 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 an attachment with an address.

SIGNATURE: **Damon Williams** 1-14-97 (941) 378-3247

CR2E037 (9/96)