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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
263 N. NOKOMIS AVE. VENICE FL 34284-1266 US	P.O. BOX 1266 VENICE FL 34284-1266

2. Principal Place of Business	2a. Mailing Address
21 355 W VENICE AVE	26 P.O. Box 4035
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 VENICE FLORIDA	28 SARASOTA FLORIDA
Zip	Zip
24 34285	29 34230-4035
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
03/20/1996	
4. FEI Number	Not Applicable
65-0739492	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SNYDER, W R 355 W VENICE AVE VENICE FL 34285	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code
	FL

10. Name and Address of New Registered Agent	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELOREY, JENNIFER D	1.2 NAME	DELOREY, JENNIFER D
STREET ADDRESS	7250 RANGI DR.	1.3 STREET ADDRESS	7250 RANGI DR.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ANDREW C	2.2 NAME	SNYDER, ANDREW C
STREET ADDRESS	514 RAVENNA ST.	2.3 STREET ADDRESS	514 RAVENNA ST.
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE FL 342
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, HEATHER	3.2 NAME	KANE, HEATHER
STREET ADDRESS	4010 WOODVIEW DR.	3.3 STREET ADDRESS	4010 WOODVIEW DR
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, SCOTT H	4.2 NAME	
STREET ADDRESS	425 JACKSON RD. NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAMON C	5.2 NAME	
STREET ADDRESS	2725 SHAMROCK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Heather P Kane* 04/29/98 349-2013

CP2E037 (10/97)