

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005318

Entity Name: THE WAREHOUSE OF VENICE, INC.**Current Principal Place of Business:**1126 N CYPRESS PT DR
VENICE, FL 34293**Current Mailing Address:**PO BOX 844
VENICE, FL 34284 US**FEI Number:** 57-1176809**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EATON, DEBRA
1126 N CYPRESS PT DR
VENICE, FL 34293 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name EATON, DEBRA
Address PO BOX 844
City-State-Zip: VENICE FL 34284

Title VP
Name BANISTER, LINDA
Address PO BOX 844
City-State-Zip: VENICE FL 34284

Title DIRECTOR
Name ROBERTS, TOM
Address P O BOX 844
City-State-Zip: VENICE FL 34284

Title DIRECTOR
Name COUNCIL, DALLAS
Address PO BOX 844
City-State-Zip: VENICE FL 34284

Title DIRECTOR
Name ANDERSON, SADIE
Address PO BOX 844
City-State-Zip: VENICE FL 34284

Title DIRECTOR
Name TURNER, JAKE
Address PO BOX 844
City-State-Zip: VENICE FL 34284

Title DIRECTOR
Name ANDERSON, DEVIN
Address PO BOX 844
City-State-Zip: VENICE FL 34284

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA EATON**PRESIDENT****02/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date