


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 744767**  
 1. Entity Name  
**VOITURE LOCAL 797 SARASOTA COUNTY, INC.**



<b>Principal Place of Business</b> 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE, FL 34284-8631	<b>Mailing Address</b> 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE, FL 34284-8631
---	---

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 KALCHBRENNER, ED  
 1322 E. CYPRESS AVE.  
 VENICE, FL 34292-29

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KEENAN, FRANK 919 CORTINA BLVD VENICE, FL 342854433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILDER, BOB 1030 ALBEE FAAM RD., #417 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KALCHBRENNER, ED 1322 E. CYPRESS AVE. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000178898  
 01/12/05-80047-007 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: Ed Kalchbrenner Ed KALchbrenner 1-8-05 941-485-8589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(Thanks)