


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90039 016 ****70.00

DOCUMENT # 744767			
1. Entity Name VOITURE LOCAL 797 SARASOTA COUNTY, INC.			
Principal Place of Business 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE, FL 34284-8631		Mailing Address 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE, FL 34284-8631	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>NO-VEL AMERICAN Legion Post 159</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1770 E. Venice Ave</i>	
City & State		City & State <i>Venice</i>	
Zip	Country	Zip	Country
		<i>34292-3190</i>	<i>SARASOTA</i>
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01092007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KALCHBRENNER, ED 1322 E. CYPRESS AVE. VENICE, FL 34285-7905		Name <i>KALchbrenner, Ed</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>1410 COLONY PLACE</i>	
		City	Zip Code
		<i>Venice</i>	<i>FL 34292</i>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, FRANK	NAME	
STREET ADDRESS	919 CORTINA BLVD	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 342854433	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, PAUL	NAME	
STREET ADDRESS	720 SORRENTO INLET	STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS, FL 342751409	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALCHBRENNER, ED	NAME	<i>1410 COLONY PLACE</i>
STREET ADDRESS	1322 E. CYPRESS AVE.	STREET ADDRESS	<i>Venice 34292</i>
CITY-ST-ZIP	VENICE, FL 342857905	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ed Kalchbrenner - Ed Kalchbrenner</i>		Date: <i>1-23-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: <i>941-485-589</i>	

Thank you