2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# N02000002528

Entity Name: VENICE, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF THE BARBER SHOP QUARTET SINGING IA AMERICA, INC.

Current Principal Place of Business:

1226 WATERSIDE LN
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1226 WATERSIDE LN
VENICE, FL 34285

New Mailing Address:

FEI Number: 26-0059889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCONNOR, ROBERT F
1226 WATERSIDE LN
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BASHAM, PAUL E
Address: 1599 VERMEER DR
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete
Name: OCONNOR, ROBERT F
Address: 1226 WATERSIDE LN
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete
Name: TRUMPY, ROBERT C
Address: 2111 TIMUCLIA TERR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PETERS, FARNSLEY
Address: 910 BAYSHORE ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT F. OCONNOR SD 02/28/2005
Electronic Signature of Signing Officer or Director — Date