

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701962

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE KIWANIS CLUB OF VENICE INC

Current Principal Place of Business:

101 WEST VENICE AVE.
STE. 10
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

101 WEST VENICE AVE.
STE. 10
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-6152218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAMMELL, THOMAS B
101 WEST VENICE AVE.
STE. 10
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: S () Delete
Name: CARSON, DALE
Address: 564 CATALINA IS. CIR
City-St-Zip: VENICE, FL 34292

Title: TD () Delete
Name: TRAMMELL, THOMAS B
Address: 418 GULF ST.
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: STEPHAN, THOMAS
Address: 1707BELVIDERE RD
City-St-Zip: ENGLEWOOD, FL 342236421

Title: P () Delete
Name: HUNTLEY, REBECCA
Address: 7271 BALLARD TERR
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP () Delete
Name: ROSENTHAL, JEFF
Address: 452 SOUTH CREEK DRIVE
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: HALLSTEN, KARL
Address: 1432 SUSSEX RD.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: THOMAS B TRAMMELL

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date