2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# 702283

Entity Name: VENICE ART CENTER, INC.

Current Principal Place of Business:

390 SOUTH NOKOMIS AVE,
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

390 SOUTH NOKOMIS AVE,
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-6178294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, BARBARA
530 LTONS BAY ROAD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

SAUPPE, TONYA
P. O. BOX 1693
VENICE, FL 34284 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: TONYA SAUPPE 02/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: FREEMAN, BARBARA
Address: 530 LYONS BAY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: 1VPD ( ) Delete
Name: KAISER, BONNIE
Address: 1345 PINEBROOK WAY
City-St-Zip: VENICE, FL 34292

Title: 2VPD ( ) Delete
Name: SAUPPE, TONYA
Address: 157 TAMPA AVE E
City-St-Zip: VENICE, FL 34285

Title: SD ( ) Delete
Name: DODDERIDGE, ANN
Address: 1660 VALLEY DRIVE
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete
Name: MEIR, STEVE
Address: 7064 N SEREMOA DR
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: SAUPPE, TONYA
Address: P. O. BOX 1693
City-St-Zip: VENICE, FL 34284

Title: 1VPD (X) Change ( ) Addition
Name: BAXTER, JULIE
Address: 1379 VERMEER DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: 2VPD (X) Change ( ) Addition
Name: WALLS, SHARON
Address: 560 FALLBROOK DRIVE
City-St-Zip: VENICE, FL 34292

Title: SD (X) Change ( ) Addition
Name: CAMPBELL, DEBBIE
Address: 442 WEST GATE DRIVE
City-St-Zip: VENICE, FL 34285

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARILYN I. LABALLISTER ADM. 02/28/2008
Electronic Signature of Signing Officer or Director Date