

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702283

FILED  
Mar 17, 2009  
Secretary of State

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:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: 2VPD (X) Change ( ) Addition  
Name: TRAMMELL, JEAN  
Address: 101 W. VENICE AVENUE, SUITE #25  
City-St-Zip: VENICE, FL 34292

Title: SD (X) Change ( ) Addition  
Name: MYERS, SONYA  
Address: P. O. BOX 2146  
City-St-Zip: VENICE, FL 34285

Title: TD (X) Change ( ) Addition  
Name: ROBERTS, DONNA  
Address: 1515 TAMiami TRAIL S., SUITE 4  
City-St-Zip: VENICE, FL 34285

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: TONYA SAUPPE

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date