

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703911

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE VENICE LITTLE THEATRE, INC.

Current Principal Place of Business:

140 WEST TAMPA, AVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

140 WEST TAMPA, AVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-6005807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, JAMES M.
3470 GULF LANE
ROTONDA, FL 33947 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: P () Delete
Name: THACKER, LEE
Address: 498 SUMMERFIELD WAY
City-St-Zip: VENICE, FL 34292

Title: V () Delete
Name: TRAMMELL, JEAN
Address: 418 GULF ST
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: KOVEIC, NEVENKA
Address: 833 GROVELAND AVE
City-St-Zip: VENICE, FL 34285

Title: S () Delete
Name: GAUMRUCK, EARL
Address: 8569 ESTATES DR
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: WATERS, ERIC D
Address: 192 INLETS BLVD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: BETTERTON, GREG
Address: 981 RIDGEWOOD AVE STE 101
City-St-Zip: VENICE, FL 34285

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: S (X) Change () Addition
Name: BAUMRUCK, EARL
Address: 8569 ESTATES DR
City-St-Zip: NORTH PORT, FL 34286

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 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: JAMES M. CHASE

RA

04/12/2009

Electronic Signature of Signing Officer or Director

Date