## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#717183** 

FILED Jan 28, 2009 Secretary of State

Entity Name: VENICE YOUTH BOATING ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1330 TARPON CENTER RD VENICE, FL 34285 **Current Mailing Address: New Mailing Address:** 1330 TARPON CENTER RD VENICE, FL 34285 FEI Number: 23-7112816 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C KELLEY CORBRIDGE CELESTE M PATETE 213 PALERMO PLACE 240 NOKOMIS AVE S SUITE 240 VENICE, FL 34285 VENICE, FL 34285 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: CELESTE M PATETE 01/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition THOMAS, JOHN Name: Name: 5931 PLOVER RD Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SIMS, CHARLOTTE Name: Name: Address: 259 BAILEY RD Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: VD. () Delete Title: () Change () Addition FROST, SCOTT Name: Name: 220 SORRENTO RANCHES DR Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: WHITE, KEVIN Name: 1065 TRUMAN ST Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, BETH Name: Name: 742 EAGLE POINT DR Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: () Delete Title: () Change () Addition PATETE, CELESTE Name: Name: Address: 507 VELASQUEZ DRIVE Address: OSPREY, FL 34229 City-St-Zip: 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: CELESTE M PATETE T 01/28/2009