

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749156

FILED  
Aug 24, 2005  
Secretary of State

Entity Name: VENICE AREA WOMAN'S LEAGUE, INC.

## Current Principal Place of Business:

P. O. BOX 1966  
VENICE, FL 342841966

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 1966  
VENICE, FL 342841966

## New Mailing Address:

FEI Number: 59-3071158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CHERDORF, JACKIE  
1000 SHIRE ST  
NOKOMIS, FL 34275      US

## Name and Address of New Registered Agent:

FULLER, FREYA  
528 N RIVER RD  
VENICE, FLA, FL 34293      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: FREYA FULLER

08/24/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: OBENDORF, JACKIE  
Address: 1000 SHIRE ST.  
City-St-Zip: NOKOMIS, FL 34275

Title: S      ( ) Delete  
Name: BOWERS, RACHELE  
Address: 1116 SKLAR DR. E.  
City-St-Zip: VENICE, FL 34293

Title: VPD      ( ) Delete  
Name: TREIBER, DIANA  
Address: 520 N. RIVER RD.  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD      (X) Change ( ) Addition  
Name: OBENDORF, JACKIE  
Address: 1000 SHIRE ST.  
City-St-Zip: NOKOMIS, FL 34275

Title: T      (X) Change ( ) Addition  
Name: FULLER, FREYA S  
Address: 528 N RIVER RD  
City-St-Zip: VENICE, FL 34293

Title: PD      (X) Change ( ) Addition  
Name: TREIBER, DIANA  
Address: 520 N. RIVER RD.  
City-St-Zip: VENICE, FL 34293

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: FREYA FULLER

T

08/24/2005

Electronic Signature of Signing Officer or Director

Date