

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002528

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** VENICE, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF THE BARBER SHOP QUARTET SINGING IA AMERICA, INC.

**Current Principal Place of Business:**

1226 WATERSIDE LN  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

1226 WATERSIDE LN  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 26-0059889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OCONNOR, ROBERT F  
1226 WATERSIDE LN  
VENICE, FL 34285 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: PD ( ) Delete  
Name: PETERS, FARNSLEY  
Address: 910 BAYSHORE ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete  
Name: OCONNOR, ROBERT F  
Address: 1226 WATERSIDE LN  
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete  
Name: TRUMPY, ROBERT C  
Address: 2111 TIMUCLIA TERR  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HART, WAYNE  
Address: 4145 BELLA PASQUE  
City-St-Zip: VENICE, FL 34293

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 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: ROBERT F. OCONNOR

SD

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date