


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90073 001 \*\*\*\*61.25

**DOCUMENT # N02000007846**

1. Entity Name  
**VENICE FLORIDA CORVETTES, INC.**



Principal Place of Business  
**894 WOOD SORREL LANE**  
**VENICE, FL 34293**

Mailing Address  
**894 WOOD SORREL LANE**  
**VENICE, FL 34293**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

02022007 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**VIDAS, JOHN M**  
**894 WOOD SORREL LANE**  
**VENICE, FL 34293**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D**  Delete  
 NAME **VIDAS, JOHN M**  
 STREET ADDRESS **894 WOOD SORREL LANE**  
 CITY-ST-ZIP **VENICE, FL 34293**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **SCHRADER, DENNIS R**  
 STREET ADDRESS **825 HARRINGTON LAKE LN**  
 CITY-ST-ZIP **VENICE, FL 34293**

TITLE **TREASURER**  Change  Addition  
 NAME **ROYAL, ALAN L.**  
 STREET ADDRESS **1090 COLUMBIA DRIVE**  
 CITY-ST-ZIP **ENGLISWOOD, FL 34223**

TITLE **T**  Delete  
 NAME **LATTA, JOHN R**  
 STREET ADDRESS **PO BOX 659**  
 CITY-ST-ZIP **NOKOMIS, FL 34274**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **LATTA, JOHN R.**  
 STREET ADDRESS **P.O. BOX 659**  
 CITY-ST-ZIP **NOKOMIS, FL 34274**

TITLE **P**  Delete  
 NAME **ANDERSON, ROBERT**  
 STREET ADDRESS **2991 ODESSA ST**  
 CITY-ST-ZIP **VENICE, FL 34293**

TITLE **PRESIDENT**  Change  Addition  
 NAME **ANDERSON, ROBERT**  
 STREET ADDRESS **305 LACOSTA**  
 CITY-ST-ZIP **NORTH PORT, FL 34297**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALAN L. ROYAL**  
**TREASURER**

**2-2-07 941-474-2844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #