## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007846

City-St-Zip:

Entity Name: VENICE FLORIDA CORVETTES, INC

FILED Jan 10, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Pri	New Principal Place of Business:		
894 WOOI VENICE, F	D SORREL LA FL 34293	NE				
Current M	lailing Addres	ss:	New Ma	New Mailing Address:		
894 WOOI VENICE, F	D SORREL LA FL 34293	NE	PO BOX 2074 VENICE, FL 34284			
FEI Number: 51-0431911 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	Current Registered Agent:	Name a	Name and Address of New Registered Agent:		
VIDAS, JC 894 WOOI VENICE, F	D SORREL LA					
	named entity e of Florida.	submits this statement for the p	ourpose of changin	g its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D ( VIDAS, JOHN N 894 WOOD SO VENICE, FL 34	RREL LANE	Title: Name: Address: City-St-Zip	KIRTLEY, GLE 1000 LEEWAF	RD RD.	
Title: Name: Address: City-St-Zip:	T ( ROYAL, ALAN 1690 COLUMB ENGLEWOOD,	IA DRIVE	Title: Name: Address: City-St-Zip	KERNDT, DON 1206 TUSCAN	Y BLVD.	
Title: Name: Address: City-St-Zip:	P ( LATTA, JOHN F PO BOX 652 NOKOMIS, FL		Title: Name: Address: City-St-Zip	SABATINO, BI 1723 HUDSON	IST.	
Title: Name: Address: City-St-Zip:	VP ( KIRTLEY, GLU 1000 LEEWAR VENICE, FL 34	D ROAD	Title: Name: Address: City-St-Zip	BUDAY, GEOF 628 LEISURE	WAY	
Title: Name:	(	Delete	Title: Name:	M ( CIRACO, HELI		

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.

City-St-Zip:

VENICE, FL 34293

SIGNATURE: DONALD KERNDT T 01/10/2009