

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007846

FILED
Jan 10, 2009
Secretary of State

Entity Name: VENICE FLORIDA CORVETTES, INC.

Current Principal Place of Business:

894 WOOD SORREL LANE
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

894 WOOD SORREL LANE
VENICE, FL 34293

New Mailing Address:

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 Current Registered Agent:

VIDAS, JOHN M
894 WOOD SORREL LANE
VENICE, FL 34293 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: D () Delete
Name: VIDAS, JOHN M
Address: 894 WOOD SORREL LANE
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: ROYAL, ALAN L
Address: 1690 COLUMBIA DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: P () Delete
Name: LATTA, JOHN R
Address: PO BOX 652
City-St-Zip: NOKOMIS, FL 30270

Title: VP () Delete
Name: KIRTLEY, GLUNN
Address: 1000 LEEWARD ROAD
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KIRTLEY, GLENN
Address: 1000 LEEWARD RD.
City-St-Zip: VENICE, FL 34293

Title: T (X) Change () Addition
Name: KERNDT, DONALD C
Address: 1206 TUSCANY BLVD.
City-St-Zip: VENICE, FL 34292

Title: S (X) Change () Addition
Name: SABATINO, BILL
Address: 1723 HUDSON ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP (X) Change () Addition
Name: BUDAY, GEORGE
Address: 628 LEISURE WAY
City-St-Zip: VENICE, FL 34285

Title: M () Change (X) Addition
Name: CIRACO, HELEN
Address: 4130 SHAMROCK DR.
City-St-Zip: VENICE, FL 34293

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: DONALD KERNDT

T

01/10/2009

Electronic Signature of Signing Officer or Director

Date