

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90304 043 \*\*\*\*61.25

66428685



MOORE CR2E037 (11/03)

DOCUMENT # N03000005964 1. Entity Name <b>THE STUDENT LEADERSHIP ACADEMY OF VENICE, INC.</b>			
Principal Place of Business 702 PADUA CT NOKOMIS FL 34275		Mailing Address 702 PADUA CT NOKOMIS FL 34275	
2. Principal Place of Business <i>200 Field Ave</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Venice</i>		Suite, Apt. #, etc. <i>FL</i>	
City & State		City & State	
Zip	Country	Zip	Country
		<i>34285</i>	<i>USA</i>
6. Name and Address of Current Registered Agent <b>SANDERS, NANCY T</b> 702 PADUA CT NOKOMIS-FL-34275		7. Name and Address of New Registered Agent Name <b>NANCY T. SANDERS</b> Street Address (P.O. Box Number is Not Acceptable) <i>200 Field Avenue East</i> City <b>Venice</b> <b>FL</b> Zip Code <b>34285</b>	
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 <i>Nancy Sanders</i> <b>NANCY T. SANDERS, SECTY</b> DATE <i>2/10/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D. SECTY</b> SANDERS, NANCY T 702 PADUA CT NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> LISA HAWKINS 1025 LEMON BAY VENICE FL 34293 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SANDERS, BENJAMIN F <input checked="" type="checkbox"/> Delete 702 PADUA CT NOKOMIS FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CAMPBELL, LONNEY <input checked="" type="checkbox"/> Delete 4955 OLDHAM ST SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Norman Mac Lellan <input type="checkbox"/> Delete 4301 Corso Venetia Venice FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. Pres</b> Thomas TRAMMELL <input type="checkbox"/> Delete 101 W. Venice Ave #10 Venice FL 34285-1902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. Pres.</b> DANIEL KENNEDY <input type="checkbox"/> Delete 801 N. ORANGE AVE SARASOTA FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Nancy Sanders</i> <b>NANCY T. SANDERS</b> <i>2/10/04</i> <b>941-485-5551</b>		Date Daytime Phone #	