

# 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

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MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000005964</b> 1. Entity Name <b>THE STUDENT LEADERSHIP ACADEMY OF VENICE, INC.</b>					
Principal Place of Business <b>702 PADUA CT NOKOMIS FL 34275</b>			Mailing Address <b>702 PADUA CT NOKOMIS FL 34275</b>		
2. Principal Place of Business <b>200 Field Ave</b>		3. Mailing Address <b>FL</b>			
Suite, Apt. #, etc. <b>Venice</b>		Suite, Apt. #, etc. <b>FL</b>			
City & State <b>Venice FL</b>		City & State <b>FL</b>			
Zip <b>34285</b>	Country <b>USA</b>	4. FEI Number <b>200551369</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>SANDERS, NANCY T 702 PADUA CT NOKOMIS FL 34275</b>			7. Name and Address of New Registered Agent Name <b>NANCY T. SANDERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 Field Avenue East</b> 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 <u>Nancy T. Sanders</u> <b>NANCY T. SANDERS, SECTY</b> <b>2/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE <b>D. SECTY</b>	<input type="checkbox"/> Delete				
NAME <b>SANDERS, NANCY T</b>					
STREET ADDRESS <b>702 PADUA CT</b>					
CITY-ST-ZIP <b>NOKOMIS FL 34275</b>					
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete				
NAME <b>SANDERS, BENJAMIN F</b>					
STREET ADDRESS <b>702 PADUA CT</b>					
CITY-ST-ZIP <b>NOKOMIS FL 34275</b>					
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete				
NAME <b>CAMPBELL, LONNEY</b>					
STREET ADDRESS <b>4955 OLDHAM ST</b>					
CITY-ST-ZIP <b>SARASOTA FL 34238</b>					
TITLE <b>President</b>	<input type="checkbox"/> Delete				
NAME <b>Norman Mac Lellan</b>					
STREET ADDRESS <b>4301 Corso Venetia</b>					
CITY-ST-ZIP <b>Venice FL 34293</b>					
TITLE <b>V. Pres</b>	<input type="checkbox"/> Delete				
NAME <b>Thomas Trammell</b>					
STREET ADDRESS <b>101 W. Venice Ave #10</b>					
CITY-ST-ZIP <b>Venice FL 34285-1902</b>					
TITLE <b>V. Pres.</b>	<input type="checkbox"/> Delete				
NAME <b>DANIEL KENNEDY</b>					
STREET ADDRESS <b>801 N. ORANGE AVE</b>					
CITY-ST-ZIP <b>SARASOTA FL 34236</b>					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME <b>LISA HAWKINS</b>					
STREET ADDRESS <b>1025 LEMON BAY</b>					
CITY-ST-ZIP <b>VENICE FL 34293</b>					
TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME <b>LISA HAWKINS</b>					
STREET ADDRESS <b>1025 LEMON BAY</b>					
CITY-ST-ZIP <b>VENICE FL 34293</b>					
TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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CITY-ST-ZIP <b>VENICE FL 34293</b>					
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.					
<b>SIGNATURE: <u>Nancy T. Sanders</u> <b>NANCY T. SANDERS</b> <b>2/10/04</b> <b>941-485-5551</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					