


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 020 ****61.25

DOCUMENT # N03000005964			
1. Entity Name THE STUDENT LEADERSHIP ACADEMY OF VENICE, INC.			
Principal Place of Business 200 FIELD AVE VENIS, FL		Mailing Address 702 PADUA CT NOKOMIS, FL 34275	
2. Principal Place of Business <i>200 Field Ave. E.</i>		3. Mailing Address <i>200 Field Ave. E.</i>	
Suite, Apt. #, etc. <i>Venice, FL</i>		Suite, Apt. #, etc. <i>Venice, FL</i>	
City & State <i>34285</i>		City & State <i>34285</i>	
Zip	Country <i>Sarasota</i>	Zip	Country <i>Sarasota</i>
4. FEI Number 20-0551369		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, NANCY T 200 FIELD AVE VENICE, FL 34285		7. Name and Address of New Registered Agent Name <i>Lisa Hawkins</i> Street Address (P.O. Box Number is Not Acceptable) <i>240 South Nokomis Avenue</i> City <i>Venice</i> FL Zip Code <i>34285</i>	
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>Lisa Hawkins</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 7, 2005		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	DS SANDERS, NANCY T 702 PADUA CT NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWKINS, LISA 1025 LEMON BAY VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACLELLAN, NORMAN 4301 CORSO VENETIA VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAMMELL, THOMAS 101 W. VENICE AVE #10 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, DANIEL 801 N. ORANGE AVE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ed Norton</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ed Norton</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1309 Greenfield Circle</i> <i>Venice, FL 34292</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Lisa Hawkins</i>		Date <i>8-5-05</i> Daytime Phone # <i>941-485-3699</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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