


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 045 ****61.25

DOCUMENT # N03000005964

1. Entity Name
 THE STUDENT LEADERSHIP ACADEMY OF VENICE, INC.



Principal Place of Business
 200 FIELD AVE E
 VENICE, FL 34285

Mailing Address
 200 FIELD AVE E
 VENICE, FL 34285

60046106



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

~~NORTON, ED
 4300 GREENFIELD CIR
 VENICE, FL 34292~~

*Trammell, Thomas
 101 W Venice Ave.
 #10
 Venice, FL 34285*

DO NOT WRITE IN THIS SPACE

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:  DATE: 29 Jul 08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NORTON, ED 1300 GREENFIELD CIRCLE VENICE, FL 34292 <i>Robert Cenovich 1314 E. Venice Ave. Suite D Venice, FL 34285</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACLELLAN, NORMAN 4301 CORSO VENETIA VENICE, FL 34293 <i>34285</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAMMELL, THOMAS 101 W. VENICE AVE #10 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILSON, IRENE 336 CORAL ST VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ball, James 211 Nokomis Ave South Venice, FL 34285</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **THOMAS B TRAMMELL** DATE: 29 Jul 08 941 485 8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #