

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005964

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

200 FIELD AVE E
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

200 FIELD AVE E
VENICE, FL 34285

New Mailing Address:

FEI Number: 20-0551369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMMELL, THOMAS
101 W VENICE AVE #10
VENICE, FL 34285 US

Name and Address of New Registered Agent:

TRAMMELL, THOMAS
101 W VENICE AVE #10
VENICE, FL 34285 US

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: THOMAS TRAMMELL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: CEMOVICH, ROBERT
Address: 1314 E. VENICE AVE, SUITE D
City-St-Zip: VENICE, FL 34285

Title: P () Delete
Name: MACLELLAN, NORMAN
Address: 4301 CORSO VENETIA
City-St-Zip: VENICE, FL 34293

Title: VP () Delete
Name: TRAMMELL, THOMAS
Address: 101 W. VENICE AVE #10
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: GILSON, IRENE
Address: 336 CORAL ST
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: BALL, JAMES
Address: 211 NOKOMIS AVE SOUTH
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NORMAN MACLELLAN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date