## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002907

FILED Apr 12, 2005 Secretary of State

Entity Name: VENETIAN SOCIETY OF BASKET WEAVERS, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1411

VENICE, FL 342841411

Current Mailing Address: New Mailing Address:

PO BOX 1411

VENICE, FL 342841411

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZUCCO, BABS 733 LAUREL AVE VENICE, FL 34292 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: HOSEY, SUE Name: DAVIS, SUSAN

 Name
 Hosel (1, 30E)
 Name
 DAVIS, 30SAN

 Address:
 125 VAN DYKE DR
 Address:
 1129 KITTIWAKE DR

 City-St-Zip:
 NOKOMIS, FL 34275
 City-St-Zip:
 VENICE, FL 34285

 Address:
 1129 KITTIWAKE DR
 Address:
 939 QUEEN RD

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:
 VENICE, FL 34293

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PITCOCK, BETTIE
 Name:
 SHARP, LINDA

 Address:
 116 INLETS BLVD
 Address:
 704 E SEMINOLE

 City-St-Zip:
 NOKOMIS, FL 34275
 City-St-Zip:
 VENICE, FL 34293

 Name:
 SCHUMACHER, JACK
 Name:
 CHADWICK, MELANIE

 Address:
 887 COUNTRY CLUB CIRCLE
 Address:
 BABARY LANE

City-St-Zip: VENICE, FL 34293 City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN A. DAAVIS P 04/12/2005