

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002907

FILED
Apr 22, 2008
Secretary of State

Entity Name: VENETIAN SOCIETY OF BASKET WEAVERS, INC.

Current Principal Place of Business:

VENICE ART CENTER
390 NOKOMIS AVE S
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

PO BOX 1411
VENICE, FL 342841411

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SUSAN A
1129 KITTIWAKE DR
VENICE, FL 34285 US

Name and Address of New Registered Agent:

DAVIS, SUSAN A
1129 KITTIWAKE DR.
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:

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LATTA, LYNNE
Address: 939 QUEEN RD
City-St-Zip: VENICE, FL 34293

Title: V () Delete
Name: SCHNEIDER, SHARON
Address: 247 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: SHARP, LINDA
Address: 740 E SEMINOLE
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: CHADWICK, MELANIE
Address: 3631 BABARY LANE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: DAVIS, SUSAN A
Address: 1129 KITTIWAKE DR
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHNEIDER, SHARON
Address: 247 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: V (X) Change () Addition
Name: MCINTIRE, NANCY
Address: 4585 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233

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

Title: T (X) Change () Addition
Name: HICKS, ALICE
Address: 448 BAYNARD DR.
City-St-Zip: NORTH PORT, FL 34285

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: SUSAN A DAVIS

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date