

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002907

FILED  
Mar 20, 2009  
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:**

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:**

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

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

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

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

Title: D ( ) Delete  
Name: DAVIS, SUSAN A  
Address: 1129 KITTIWAKE DR  
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: ALICE HICKS

T

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date