

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90049 006 ****61.25

DOCUMENT # N06790 1. Entity Name VENICE LIONS CLUB, INC.					
Principal Place of Business 1289 JACARANDA BOULEVARD VENICE FL 34292-4522 US			Mailing Address 1289 JACARANDA BOULEVARD VENICE FL 34292-5422 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7215449 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KORP, WILLIAM R 333 S. TAMiami TRAIL VENICE FL 34285			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	P	ANGLE, JERRY P	421 SHAMROCK BLVD VENICE FL 34293		President
	S	KRUGER, BEVERLY A	1302 MANGO AVE VENICE FL 34292		Secretary
	TD	MATTSON, DAVID W.	355 CYPRESS RD VENCIE FL		Treasurer-Foundation
	D	PICK, JEFF	P.O. BOX 818 VENICE FL 34284		Director
	D	BURTWELL, ROBERT	1306 NOKOMIS AVE VENICE FL 34285		Director
	D	EKANAYAKE, SIRI	1576 MACCKINTOSH BLVD NOKOMIS FL 34275		Director
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____			Date 4-19-04 Daytime Phone # 941-492-3931		