


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90028 047 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7215449	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KORP, WILLIAM R 333 S. TAMiami TRAIL VENICE, FL 34285				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	P NAMIKAS, SUTY 524 TALLAIRE DR VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rosemary Christensen 1702 Reef Court Venice, FL 34293-1930	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGLE, KAREN 421 SHAMROCK BLVD VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTSON, DAVID 355 CYPRESS RD VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EKANAYAKE, SIRI 1289 JACARANADA BLVD. VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John P. Bohan 72 Windsor Drive Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLA MURA, JOHN P 844 TARTAN DR VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William L Kraft 1 Plaza Mayor Apt #311 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rosemary Christensen</i> ROSEMARY CHRISTENSEN 7-19-07 941-497-4670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					