


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90037 029 \*\*\*\*61.25

<b>DOCUMENT # N06790</b> 1. Entity Name VENICE LIONS CLUB, INC.	
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Principal Place of Business 1289 JACARANDA BOULEVARD VENICE, FL 34292-4522 US	Mailing Address 1289 JACARANDA BOULEVARD VENICE, FL 34292-5422 US
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01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7215449	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  KORP, WILLIAM R 333 S. TAMiami TRAIL VENICE, FL 34285	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHRISTENSEN, ROSEMARY 1702 REEF COURT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGLE, KAREN 421 SHAMROCK BLVD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MATTSON, DAVID 355 CYPRESS RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOHAN, JOHN P 72 WINDSOR DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAFT, WILLIAM L 1 PLAZA MAYOR APT #311 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, EDWARD 760 BIRD BAY DRIVE W VENICE FL 34285

**DO NOT WRITE  
IN THIS SPACE**

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:** *Karen Angle* **KAREN ANGLE** *1/26/08* *941-493 8415*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #