




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90008 004 ****61.25

DOCUMENT # N11125 1. Entity Name VENICE LIONS CLUB FOUNDATION, INC.					
Principal Place of Business 1289 JACARANDA BLVD VENICE, FL 32492-4522 US			Mailing Address 1289 JACARANDA BLVD VENICE, FL 32492-4522 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 07092004 Chg-NP CR2E037 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-2583544				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORP, WILLIAM R., ESQ. 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	
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 re-registering)</small>	
Filing Fee is \$61.25 Due by September 8, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGLE, JERRY P 421 SHAMROCK BLVD. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Keith Bachhaus 1289 Jacaranda Blvd. Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRUGER, BEVERLY A 1302 MANGO AVE VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karen Angle 1289 Jacaranda Blvd Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, D A 306 DEGAS DR NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Thomas M McCannell 1289 Jacaranda Blvd Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRKEENG, ALF E. 1260 COVEY COURT VENICE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dusty Homikas 1289 Jacaranda Blvd. Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICK, JEFF P.O. BOX 818 VENICE, FL 342840818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carol M Stoenen 1289 Jacaranda Blvd Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRI, EKANAYAKE 1576 MACKINTOSH BLVD NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Daniel Melger 1289 Jacaranda Blvd. Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  Thomas J McCannell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 9-7-04 Daytime Phone #					