2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N20592

1. Entity Name
VENICE MAIN STREET, INC.

Principal Place of Business	Mailing Address
100 WEST VENICE AVENUE SUITE H VENICE, FL 34285 US	P. O BOX 602 VENICE, FL 34284 US

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01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2815346
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OPSUT, THOMAS J
100 WEST VENICE AVENUE
SUITE H
VENICE, FL 34285

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LAWRENCE, JUDY
STREET ADDRESS	273 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	VENICE, FL 34285
TITLE	V/D
NAME	TRAMMELL, JEAN
STREET ADDRESS	101 W. VENICE AVE.
CITY-ST-ZIP	VENICE, FL 34285
TITLE	T/D
NAME	SEYBERT, BEVERLY
STREET ADDRESS	307 W VENICE AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	S/D
NAME	VEDDER, SUSAN
STREET ADDRESS	200 EAST VENICE AVENUE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	FRASER, LINDA
STREET ADDRESS	227 W VENICE AVENUE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	CRISMAN, KATHY
STREET ADDRESS	219 WEST VENICE AVE.
CITY-ST-ZIP	VENICE, FL 34285

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01/23/06-80005-011 61.25

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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: Judy Lawrence 1-10-06 941-496-8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #