

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20592

FILED
Mar 20, 2009
Secretary of State

Entity Name: VENICE MAIN STREET, INC.

Current Principal Place of Business:

101 WEST VENICE AVENUE
SUITE 23
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

P. O BOX 602
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 59-2815346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANN SKINNER'S TAX & BOOKKEEPING SERVICE
333 TAMiami TRAIL
257
VNEICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: LEHNER, KATHY
Address: 400 BARCELONA AVE
City-St-Zip: VENICE, FL 34285

Title: PD () Delete
Name: TRAMMELL, JEAN
Address: 101 W. VENICE AVE.
City-St-Zip: VENICE, FL 34285

Title: T/D () Delete
Name: MCLAREN, LARRY
Address: 240 NOKOMIS AVE SOUTH
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: KROPAC, KAY
Address: 116 W. VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: O'BERRY, JEFF
Address: 203 W VENICE AVENUE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: BERNE, SISTER MAUREEN
Address: 227 MIAMI AVE WEST
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY LEHNER

MS

03/20/2009

Electronic Signature of Signing Officer or Director

Date