

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

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04242007 Chg-NP CR2E037 (12/06)

DOCUMENT # N28894					
1. Entity Name VENETIAN HARMONY CHAPTER OF SWEET ADELINES INTERNATIONAL, INC.					
Principal Place of Business 303 KENSINGTON STREET PORT CHARLOTTE, FL 33954			Mailing Address PO BOX 1133 VENICE, FL 34284		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 58-2408715				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRENER, GLORIA L 4211 CASCADE FALLS DR. SARASOTA, FL 34243			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 _____ Signature: typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when appointing) DATE _____					

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	State check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P VERNEY, JUDITH 899 INLET CIR., #102D VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-STATE-ZIP	GRACE BRADY 30 GRAND PALMS BLVD ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NANFITO, POLLY A 1470 APPIAN DRIVE PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-STATE-ZIP	PRISCILLA CONKLIN 413 VASTO DR VENICE FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MALLEY, CONNIE 5456 JOY CT NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-STATE-ZIP	BETTY JEAN HEYEDLY 5800 SABAL TRACE #102 NORTH PORT FL 34283	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LAIOS, LIBBY 108 CORTE PEL ABOLO VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-STATE-ZIP	ANN MURPHEY 5496 WHITE IBIS DR NORTH PORT FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRENER, GLORIA 3728 SURREY LANE SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROBERTS, LINDA 1434 ROOSEVELT DR. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-STATE-ZIP	NANCY MANVILLE 1251 NORTH BASIN LN SARASOTA, FL 34242	<input checked="" 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: Glenn L. Dennis Finance Manager 4/23/07 941-358-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #