

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28894

FILED
Apr 14, 2009
Secretary of State

Entity Name: VENETIAN HARMONY CHAPTER OF SWEET ADELINES INTERNATIONAL, INC.

Current Principal Place of Business:

303 KENSINGTON STREET
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

PO BOX 1133
VENICE, FL 34284

New Mailing Address:

FEI Number: 59-2409715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRENIER, GLORIA L
4211 CASCADE FALLS DR.
SARASOTA, FL 34243 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: P () Delete
Name: BRADY, GRACE
Address: 30 GRAND PALMS BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: KING, MARTHA
Address: 2085 SANDHILL LANE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: FRANK, DAMARIS
Address: 804 S. GREEN CIRCLE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: MURPHEY, ANN
Address: 5496 WHITE IBRS DR
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: GRENIER, GLORIA
Address: 4211 CASCADE FALLS DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: WILLIAMS, LISA
Address: 1132 AUBURN STREET #110
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REDMAN, SANDI
Address: 1630 BRIDGE RD.
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: D (X) Change () Addition
Name: DOHANICK, NANCY
Address: 4260 TIMBERLINE BLVD.
City-St-Zip: VENICE, FL 34293

Title: D (X) Change () Addition
Name: SHEA, JANICE
Address: 6361 ROBERTA DR.
City-St-Zip: ENGLEWOOD, FL 34223

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: GLORIA L. GRENIER

D

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date