


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90040 043 ****61.25

DOCUMENT # N44840 1. Entity Name THE VENICE AVIATION SOCIETY, INC.					
Principal Place of Business 220 AIRPORT AVE VENICE, FL 34285 US			Mailing Address 417 MAHON DR. VENICE, FL 34285 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0302169	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLOWELL, PAUL C 417 MAHON DR VENICE, FL 34285				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLUCCI, NICK 1335 HORIZON RD VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Settles, Buck <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 Firethorn Av Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAND, JOSEPH MD 1284 LAKESIDE WOODS DR VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ansley, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 873 Hillcrest Dr Nokomis, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLOWELL, PAUL C 417 MAHON DR. VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bebe Teichman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 404 Baynard Dr. Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete SETTLES, BUCK 455 FIRETHORN AV. ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judy Jeynes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5671 Colby Rd Venice, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISCITELLI, NICK 1638 CAMMINARE DR SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, BRETT 444 DARLING DR. VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Paul C. Hollowell</u> Paul C. Hollowell 15 Feb '07 9414890718 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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