2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44840

FILED Aug 29, 2009 Secretary of State

Entity Name: THE VENICE AVIATION SOCIETY, INC.

Current Pri	incipal Place of Business:	New Princin	oal Place of Business:
220 AIRPORT AVE VENICE, FL 34285 US			
Current Mailing Address:		New Mailing Address:	
417 MAHOI VENICE, FL		628 ARMAD VENICE, FL	A RD SOUTH 34285 US
FEI Number: 65-0302169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			.,
HOLLOWE 417 MAHOI VENICE, FL		HOLLOWEL 628 ARMAD, VENICE, FL	ARDS
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:			08/29/2009
			Date
OFFICERS AND DIRECTORS:		ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DP () Delete CARLUCCI, NICK 1335 HORIZON RD VENICE, FL 34293	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete RAND, JOSEPH MD 1284 LAKESIDE WOODS DR VENICE, FL 34292	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DT () Delete HOLLOWELL, PAUL C 417 MAHON DR. VENICE, FL 34285	Name: H Address: 6	D (X) Change () Addition HOLLOWELL, PAUL C 528 ARMADA RD SOUTH /ENICE, FL 34285
Title: Name: Address: City-St-Zip:	D () Delete SETTLES, BUCK 455 FIRETHORN AV. ENGLEWOOD, FL 34223	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete PISCITELLI, NICK 1638 CAMMINARE DR SARASOTA, FL 34238	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete STEPHENS, BRETT 444 DARLING DR. VENICE, FL 34285	Title: Name: Address: City-St-Zip:	() Change () Addition
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: PAUL C. HOLLOWELL D 08/29/2009