


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90034 010 ****61.25

DOCUMENT # N51159 1. Entity Name R/C FLIERS OF VENICE, INC.					
Principal Place of Business 1246 N. INDIES CIR VENICE, FL 34285			Mailing Address 1246 N. INDIES CIR VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # 853 US41 BYPASS (S)		3. Mailing Address 853 US41 BYPASS (S)			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State VENICE FL		City & State VENICE FL		4. FEI Number 65-0385887	
Zip 34285		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TYSON, HAROLD 215 NATURES WAY NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name FEINER, ELLIOTT L Street Address (P.O. Box Number is Not Acceptable) 473 BUTTON BUSH LANE City VENICE FL 34293		
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 <u><i>Elliot L. Feiner</i></u> ELLIOTT L. FEINER 1-8-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP SHICK, FRANK 2841 COLONADE LANE NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T USSERY, LLOYD 1246 N. INDIES CIR. VENICE, FL 34285	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYSON, HAROLD 215 NATURES WAY NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUTZ, BOB 504 WANDA PLACE NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORMIER, PAUL 688 LAKESCENE DR VENICE, FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, BOB 4427 POMPANO RD VENICE, FL 34293	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHAPIRO, ROBERT 853 US41 BYPASS (S) VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FEINER, ELLIOTT L. 473 BUTTON BUSH LANE VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARDN, CHARLES 7316 CAREY ST ENGLEWOOD FL 34287	<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 reports 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><i>Elliot L. Feiner</i></u> ELLIOTT L. FEINER 1-8-2008 941-408-1715 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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