


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N92000000964 1. Entity Name WOMEN'S SERTOMA CLUB OF VENICE, INC.	
--	---

Principal Place of Business 101 MILAN AVENUE EAST VENICE, FL 34285 US	Mailing Address P.O. BOX 1046 VENICE, FL 34284
---	--

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0385080	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 SCHMITT, SYLVIA L 101 MILAN AVE E. VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACKIE, KENNEDY 401 SUNSET DRIVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP KAUFER, SHELIA 1004 AUBURN LAKES CIRCLE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHMITT, SYLVIA L 101 MILAN AVE E VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PENDER, PAULA 1800 CURRY TRAIL NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000593135
01/22/07-80018-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Sylvia L. Schmitt Sylvia Schmitt 1/15/07 941/485-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #