2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003101

Jan 27, 2006 Secretary of State

Entity Name: VENICE AREA CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

597 TAMIAMI TRAIL SOUTH VENICE, FL 342852927

Current Mailing Address: New Mailing Address:

597 TAMIAMI TRAIL SOUTH VENICE, FL 342852927

FEI Number: 65-0441705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYAN, JOHN G 597 TÁMIAMI TRAIL SOUTH VENICE, FL 34285

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete LEHNER, KATHY Name: 333 TAMIAMI TRL S #101 Address: City-St-Zip: VENICE, FL 34285

Title: ED () Delete RYAN, JOHN G Name: Address: 597 TAMIAMI TRAIL S City-St-Zip: VENICE, FL 34285

Title: () Delete MACKENZIE, PAT Name: 601 CYPRESS AVE Address: City-St-Zip: VENICE, FL 34285

() Delete Title: VPD Name:

CLINCH, JIM 211 NOKOMIS AVE SOUTH Address:

VENICE, FL 34285 City-St-Zip:

Title: () Delete MEURS, BRAIN Name: 1314-B VENICE AVE E Address: City-St-Zip: VENICE, FL 34285

Title: () Delete PRIDEMORE, SANDRA K Name: Address: 229 TAMIAMI TRL S VENICE, FL 34285 City-St-Zip:

(X) Change () Addition

Name: LEHNER, KATHY

Address: 333 TAMIAMI TRL S #101 City-St-Zip: VENICE, FL 34285

Title: (X) Change () Addition

Name: RYAN, JOHN G Address: 597 TAMIAMI TRAIL S City-St-Zip: VENICE, FL 34285

Title: (X) Change () Addition

MACKENZIE, PAT Name: 601 CYPRESS AVE Address: City-St-Zip: VENICE, FL 34285

Title: CF (X) Change () Addition

Name: CLINCH, JIM 211 NOKOMIS AVE SOUTH Address:

VENICE, FL 34285 City-St-Zip:

Title: VC (X) Change () Addition

CORNISH, DAVE R Name: 355 VENICE AVE W Address: City-St-Zip: VENICE, FL 34285

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN G RYAN Ρ 01/27/2006