

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003101

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

597 TAMIAMI TRAIL SOUTH
VENICE, FL 342852927

New Principal Place of Business:

Current Mailing Address:

597 TAMIAMI TRAIL SOUTH
VENICE, FL 342852927

New Mailing Address:

FEI Number: 65-0441705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, JOHN G
597 TAMIAMI TRAIL SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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:

Title: CE () Delete
Name: TURNER, KATHY
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

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

Title: VC () Delete
Name: DUMAS, PAULA
Address: 1314 E. VENICE AVE SUITE A
City-St-Zip: VENICE, FL 34285

Title: PC () Delete
Name: CLINCH, JIM
Address: 211 NOKOMIS AVE SOUTH
City-St-Zip: VENICE, FL 34285

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: TURNER, KATHY
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CE (X) Change () Addition
Name: DUMAS, PAULA
Address: 1314 E. VENICE AVE SUITE A
City-St-Zip: VENICE, FL 34285

Title: VC (X) Change () Addition
Name: LAWRENCE, JUDY
Address: 1425 E. VENICE AVE.
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN G. RYAN

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date