# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# N95000005288

**Entity Name:** VENICE AREA COMPUTER USERS GROUP, INC.

**Current Principal Place of Business:**

1660 VALLEY DRIVE
VENICE, FL 34292 US

**New Principal Place of Business:**

**Current Mailing Address:**

1660 VALLEY DRIVE
VENICE, FL 34292 US

**New Mailing Address:**

**FEI Number: 65-0643408** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DODDERIDGE, ANN
1660 VALLEY DRIVE
VENICE, FL 34292 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: PRES ( ) Delete
Name: DODDERIDGE, ANN
Address: POB 33
City-St-Zip: NOKOMIS, FL 33274

Title: VP ( ) Delete
Name: RICHTER, ADAM J
Address: POB 33
City-St-Zip: NOKOMIS, FL 33274

Title: SEC ( ) Delete
Name: VANTREES, HARRY
Address: POB 33
City-St-Zip: NOKOMIS, FL 33274

Title: M ( ) Delete
Name: BURKHARD, CATHERINE
Address: POB 33
City-St-Zip: NOKOMIS, FL 33274

Title: T ( ) Delete
Name: CATSAKIS, NICK
Address: POB 33
City-St-Zip: NOKOMIS, FL 33274

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: MEMB (X) Change ( ) Addition
Name: BURKHARD, CATHERINE
Address: POB 33
City-St-Zip: NOKOMIS, FL 33274

Title: TRES (X) Change ( ) Addition
Name: CATSAKIS, NICK
Address: POB 33
City-St-Zip: NOKOMIS, FL 33274

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: ANN DODDERIDGE PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date