2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007700

1. Entity Name
VENICE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
209 SAN MARCO DRIVE VENICE, FL 34285	P O BOX 1292 VENICE, FL 34284

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02242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-2514301

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOONE, STEPHEN K
C/O BOONE, BOONE, BOONE & FROOK, P.A.
1001 AVENIDA DEL CIRCO
VENICE, FL 34285

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000004655975
06/22/06-80057-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONOVAN, JANET L
STREET ADDRESS	209 SAN MARCO DRIVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VPD
NAME	ARNELL, MARILYN
STREET ADDRESS	744 STEWART STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	SD
NAME	JOHNSON, CAROLE L
STREET ADDRESS	2239 LAKEWOOD TERRACE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	TD
NAME	PIERCE, CATHY
STREET ADDRESS	512 CATALINA ISLES CIRCLE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Janet L Donovan President Director 3/10/06 941-488-8956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Janet L. Donovan