


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90013 016 \*\*\*\*61.25

<b>DOCUMENT # N03000007860</b> 1. Entity Name <b>VENICE HIGH SCHOOL SOCCER BOOSTERS, INC.</b>					
Principal Place of Business <b>1 INDIAN AVE VENICE, FL 34285</b>			Mailing Address <b>1 INDIAN AVE VENICE, FL 34285</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
6. Name and Address of Current Registered Agent  <b>PFUNDTNER, ALLEN 1 INDIAN AVE VENICE, FL 34293</b>				7. Name and Address of New Registered Agent Name <b>Seth Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>1716 Waxwing Circle</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34253</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHREIBER, GEORGE P</b> <b>5337 LAYTON DRIVE</b> <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Ellen Schreiber</b> <b>5337 Layton Drive</b> <b>Venice, FL 34293</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>YOUNG, RICHARD</b> <b>1049 TRUMAN STREET</b> <b>NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>THOMAS, KAREN</b> <b>5077 WINTER ROSE WAY</b> <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SWANSON, LOIS D</b> <b>205 HIGH POINT DRIVE</b> <b>VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>William H. Helms</b> <b>222 Avenida Bahia</b> <b>Nokomis, FL 34275</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u><i>Seth Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/17/07</b> Daytime Phone # <b>941-468-3571</b>		