

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717183

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** VENICE YOUTH BOATING ASSOCIATION, INC.

**Current Principal Place of Business:**

1330 TARPON CENTER RD  
VENICE, FL 34285 US

**New Principal Place of Business:**

**Current Mailing Address:**

1330 TARPON CENTER RD  
VENICE, FL 34285 US

**New Mailing Address:**

**FEI Number:** 23-7112816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CELESTE M PATETE  
213 PALERMO PLACE  
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: PD  
Name: THOMAS, JOHN  
Address: 5931 PLOVER RD  
City-St-Zip: VENICE, FL 34293

Title: TD  
Name: SIMS, CHARLOTTE  
Address: 259 BAILEY RD  
City-St-Zip: VENICE, FL 34292

Title: VD  
Name: FROST, SCOTT  
Address: 220 SORRENTO RANCHES DR  
City-St-Zip: NOKOMIS, FL 34275

Title: VD  
Name: WHITE, KEVIN  
Address: 1065 TRUMAN ST  
City-St-Zip: NOKOMIS, FL 34275

Title: SD  
Name: ANDERSON, BETH  
Address: 742 EAGLE POINT DR  
City-St-Zip: VENICE, FL 34285

Title: T  
Name: PATETE, CELESTE  
Address: 507 VELASQUEZ DRIVE  
City-St-Zip: OSPREY, FL 34229

I hereby 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 all other like empowered.

SIGNATURE: CELESTE M PATETE

TREA

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date