

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 736286

1. Entity Name
VENICE HIGH BOOSTERS CLUB, INC.



Principal Place of Business
**1001 AVENIDA DEL CIRCO
P.O. BOX 1596
VENICE, FL 34284**

Mailing Address
**1001 AVENIDA DEL CIRCO
P.O. BOX 1596
VENICE, FL 34284**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0199394

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
1001 AVENIDA DEL CIRCO
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOONE, JEFFERY A 520 VENEZIA PKWY VENICE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDBURG, LARRY 721 SHETLAND CIRCLE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PARRETT, DAN 1 INDIAN AVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000235422
02/19/05-80001-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1(9.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04

941-488-6726