

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002582	
1. Entity Name VENICE HIGH SCHOOL VOICES & STRINGS, INC.	

Principal Place of Business 1 INDIAN AVENUE VENICE, FL 34285	Mailing Address 1 INDIAN AVENUE VENICE, FL 34285
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1095008	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNS, STEPHEN 1 INDIAN AVENUE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

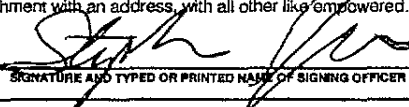
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, STEPHEN 1 INDIAN AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROFF, PAMELA 412 S NASSAU STREET VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEL, CARYL 601 COLONIAL BAY DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, JENNIFER 2818 NORWOOD LANE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80012-001 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 119.07(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:  1/13/05 941. 488. 6726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Steven Johns