2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90045 024 ****61.25

DOCUMENT # N01000002582 1. Entity Name VENICE HIGH SCHOOL VOICES & STRINGS, INC. 400133c. Principal Place of Business Mailing Address 1 INDIANAMENLE 1 INDIANAMENLE **VENCE FL 34285 VENCE FL 34285** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-1095008 City & State City & State Applied For Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNS, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1 INDIAN AVENUE VENICE, FL 34285 City Zip Code 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 & applicable (NOTE: Registered *gent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to П Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete IMF Change ☐ Addition JOHNS, STEPHEN NAME NAME 1 INDIAN AVENUE STREET ADDRESS STREET ADDRESS VENICE, FL 34285 CITY-ST-ZIP CITY-ST-7(P TITLE Delete ☐ Change TITLE ■ Addition NAME GROFF, PAMELA NAME STREET ADDRESS 412 S NASSAU STREET STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE Delete T!TLE Change ■ Addition PENNELL, CARYL NAME NAME 601 COLONIAL BAY DR STREET ADDRESS STREET ADDRESS NOKOMIS, FL 34275 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ✓ Addition Nancy Rancy DIAMOND, JENNIFER NAME NAME 2818 NORWOOD LANE STREET ADDRESS STREET ADDRESS 113 Woodingham Dr. VENICE, FL 34292 CSTY-CT-ZIP CITY-ST-7IP Venice, FC 34292 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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:

Manay S Pauly - theasurer

2/9/06/941-412.0402

Daytime Phone