

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

01-20-2004 90066 050 ****61.25

DOCUMENT # N03000007860					
1. Entity Name VENICE HIGH SCHOOL SOCCER BOOSTERS, INC.					
Principal Place of Business 1 INDIAN AVE VENICE, FL 34293			Mailing Address 1 INDIAN AVE VENICE, FL 34293		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 34285		Country		Zip 34285	
Country		4. FEI Number 54-2126019			
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent					
PFUNDTNER, ALLEN 1 INDIAN AVE VENICE, FL 34293					
7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Allen R. Pfundtner 3281 Virginia Road Venice, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D John McArthur 371 Sea Grape Venice, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Carolyn Murphy 1028 Oak Meadow Lane Osprey, FL 34229				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Ann Marques 6040 Diana Road Venice, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)				
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: <u>Carolyn Murphy</u> 1/13/04 941 488-6716					