

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90013 016 ****61.25

DOCUMENT # N03000007860 1. Entity Name VENICE HIGH SCHOOL SOCCER BOOSTERS, INC.					
Principal Place of Business 1 INDIAN AVE VENICE, FL 34285			Mailing Address 1 INDIAN AVE VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
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 Seth Jones Street Address (P.O. Box Number is Not Acceptable) 1716 Waxwing Circle City Venice FL Zip Code 34253	
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 reconstituting)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHREIBER, GEORGE P 5337 LAYTON DRIVE VENICE, FL 34293	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ellen Schreiber 5337 Layton Drive Venice, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, RICHARD 1049 TRUMAN STREET NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, KAREN 5077 WINTER ROSE WAY VENICE, FL 34293	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWANSON, LOIS D 205 HIGH POINT DRIVE VENICE, FL 34292	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer William H. Helms 222 Avenida Bahia Nokomis, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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: <u><i>Seth Jones</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/17/07 Daytime Phone # 941-468-3571		