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Aug 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001176 (4)

1. Corporation Name

VENICE SOFTBALL CLUB, INC.

Principal Place of Business

1102 N CYPRESS POINT DRIVE
VENICE FL 34293

Mailing Address

1102 N CYPRESS POINT DRIVE
VENICE FL 34293-1314



3. Date Incorporated or Qualified
02/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FFI Number

59-3365293

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE FL 34285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PT ROBERTS, RANEL
1102 N CYPRESS POINT DRIVE
VENICE FL 34293

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V LOWERY, JAMES
1170 FUNDY ROAD
VENICE FL 34293

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V SCHOENSELDER, BARBARA
288 MARLIN ROAD
VENICE FL 34293

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S PFENDER, DEBBIE
671 MOBILE ROAD
VENICE FL 34293

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

P.T.I.D. Change Addition

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP

V.I.D. Change Addition

13 TITLE NAME STREET ADDRESS CITY-ST-ZIP

V.I.D. Change Addition

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

S.I.D. Change Addition

15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

16 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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17 TITLE NAME STREET ADDRESS CITY-ST-ZIP

18 TITLE NAME STREET ADDRESS CITY-ST-ZIP

19 TITLE NAME STREET ADDRESS CITY-ST-ZIP

20 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE DEBBIE PFENDER

CR2E037 (9/96)