

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003789

FILED
Apr 30, 2008
Secretary of State

Entity Name: VENICE TOUCHDOWN CLUB, INC.

Current Principal Place of Business:

1 INDIAN AVE.
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 997
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0928559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, BOONE, BOONE, KODA & FROOK, PA
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SARDINAS, BRIAN
Address: 1020 CAPRI ISLES BLVD # 47
City-St-Zip: VENICE,, FL 34292

Title: PD/T () Delete
Name: MUSSONE, JOHN
Address: 846 VAN GOGH RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD () Delete
Name: VERCHOT, CHRISTINE
Address: 3307 MEADOW RUN CIRCLE
City-St-Zip: VENICE, FL 34293

Title: VP () Delete
Name: LAY, MICHAEL
Address: 1050 CARPI ISLES BLVD APT. Q102
City-St-Zip: VENICE, FL 34292

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MARESCH, TAMARA
Address: 248 HILLVIEW RD.
City-St-Zip: VENICE,, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HITT, GREG
Address: 2414 HERMITAGE BLVD
City-St-Zip: VENICE, FL 34292

Title: VP (X) Change () Addition
Name: POINSETT, DEBI
Address: 671 MAY APPLE WAY
City-St-Zip: VENICE, FL 34293

Title: VP () Change (X) Addition
Name: BURTON-MACFARLANE, CINDY
Address: 809 FOREST ST
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MUSSONE JR.

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date