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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N45993** (5)
1. Corporation Name
VENICE HISTORIC PRESERVATION LEAGUE, INC.

Principal Place of Business Mailing Address
P.O. BOX 995 VENICE FL 34264-0995
P.O. BOX 995 VENICE FL 34264-0995

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **11/11/1991** 3a. Date of Last Report **06/17/1994**
4. FEI Number **65-0334416** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 995** 26 **P.O. Box 995**

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State 28 City & State
Venice, FL 34284-0995 **Venice, FL**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

Zip Country 29 Zip Country
34284-0995 Sarasota **34284-0995 Sarasota**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BOONE, STEPHEN K.
1001 AVENIDA DEL CIRCO
VENICE FL 34284**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------|
| TITLE | DP |
| NAME | O'CONNELL, DONALD |
| STREET ADDRESS | 1089 BAYSHORE DR. |
| CITY - ST - ZIP | ENGLEWOOD FL |
| TITLE | D |
| NAME | MCLEAN, GEORGE |
| STREET ADDRESS | 604 ALHAMBRA |
| CITY - ST - ZIP | VENICE FL |
| TITLE | DS |
| NAME | KORWEK, PHIL |
| STREET ADDRESS | 320 N. PARK BLVD. |
| CITY - ST - ZIP | VENICE FL |
| TITLE | DT |
| NAME | WEISS, JANET |
| STREET ADDRESS | 396 PARK LANE DR. |
| CITY - ST - ZIP | VENICE FL |
| TITLE | DS |
| NAME | KORWEK, DOROTHY |
| STREET ADDRESS | 320 N. PARK BLVD. |
| CITY - ST - ZIP | VENICE FL |
| TITLE | D |
| NAME | RICHARDSON, MARY |
| STREET ADDRESS | 337 HILLVIEW RD. |
| CITY - ST - ZIP | VENICE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 11 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Philip Korwek | |
| 13 STREET ADDRESS | 320 N. Park Blvd. | |
| 14 CITY - ST - ZIP | Venice, FL 34285 | |
| 21 TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Beverly Kallias | |
| 23 STREET ADDRESS | 409 Manatee Ct #110 | |
| 24 CITY - ST - ZIP | Venice, FL 34285 | |
| 31 TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | John Cross | |
| 33 STREET ADDRESS | 1585 Tarpon Cln Dr #25 | |
| 34 CITY - ST - ZIP | Venice, FL 34285 | |
| 41 TITLE | DT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Janet Weiss | |
| 43 STREET ADDRESS | 396 Park Lane Dr. | |
| 44 CITY - ST - ZIP | Venice, FL 34285 | |
| 51 TITLE | DS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Dorothy Korwek | |
| 53 STREET ADDRESS | 320 N. Park Blvd. | |
| 54 CITY - ST - ZIP | Venice, FL 34285 | |
| 61 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | Mary Richardson | |
| 63 STREET ADDRESS | 337 Hillview Rd. | |
| 64 CITY - ST - ZIP | Venice, FL 34285 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Janet Weiss 4/19/95 813-485-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 13)