

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business  
**P.O. BOX 995  
VENICE FL 34284-0995**

Mailing Address  
**P.O. BOX 995  
VENICE FL 34284-0995**

3. Date Incorporated or Qualified  
**11/11/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **P.O. Box 995**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Venice, FL 34284-0995**  
Zip Country  
24 **34284-0995** 25 **Sarasota**  
26 **P.O. Box 995**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Venice, FL**  
Zip Country  
29 **34284-0995** 30 **Sarasota**

4. FEI Number  
**65-0334416**

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

**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 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	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KORWEK, PHILIP</b>	
STREET ADDRESS	<b>320 N. PARK BLVD.</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>KALLAS, BEVERLY</b>	
STREET ADDRESS	<b>409 MANATEE CT #110</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CROSS, JOHN</b>	
STREET ADDRESS	<b>1585 TARPON CTR. DR. #28</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>WEIS, JANET</b>	
STREET ADDRESS	<b>398 PARK LANE DR.</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>KORWEK, DOROTHY</b>	
STREET ADDRESS	<b>320 N. PARK BLVD.</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, MARY</b>	
STREET ADDRESS	<b>337 HILLVIEW RD.</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>John Howell</b>	
13 STREET ADDRESS	<b>1508 Pine Lake Dr.</b>	
14 CITY-ST-ZIP	<b>Venice, FL 34292</b>	
21 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Jack Myers</b>	
33 STREET ADDRESS	<b>328 Redno St.</b>	
34 CITY-ST-ZIP	<b>Venice, FL 34285</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Janet Weis*  
**Janet Weis**

**4/08/96**

**941-485-4556**

CR2E037 (12/95)