

FILE NOW: FILING FEE IS \$61.25

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**Apr 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45993 (5)
1. Corporation Name
VENICE HISTORIC PRESERVATION LEAGUE, INC.



Principal Place of Business P.O. BOX 995 VENICE FL 34284-0995 US	Mailing Address P.O. BOX 995 VENICE FL 34284-0995
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3. Date Incorporated or Qualified 11/11/1991	
4. FEI Number 65-0334416	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JOHN HOWELL	
STREET ADDRESS	1508 PINE LAKE DR.	
CITY-ST-ZIP	VENICE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KALLAS, BEVERLY	
STREET ADDRESS	409 MANATEE CT #110	
CITY-ST-ZIP	VENICE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JACK MYERS	
STREET ADDRESS	328 PEDRO ST.	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WEIS, JANET	
STREET ADDRESS	398 PARK LANE DR.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, JOAN	
STREET ADDRESS	500 PARK BLVD., #31	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, RICHARD	
STREET ADDRESS	934 CAPRI ISLES BLVD., #207	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ralph Richardson	
1.3 STREET ADDRESS	229 Finenze Arc W.	
1.4 CITY-ST-ZIP	Venice, FL 34285	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rollins Coakley	
2.3 STREET ADDRESS	813 Robert	
2.4 CITY-ST-ZIP	Venice, FL 34285	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dorothy Fabmeister	
4.3 STREET ADDRESS	471 Gingers Rd.	
4.4 CITY-ST-ZIP	Venice, FL 34293	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Julia Janning	
5.3 STREET ADDRESS	417 N. Park Blvd.	
5.4 CITY-ST-ZIP	Venice, FL 34285	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *John Howell, Dorothy Fabmeister, Joan Houston* 4/1/98 941-493-9061

CR2E037 (10/97)