


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90047 034 ****61.25

0068914

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N45993

1. Corporation Name
VENICE HISTORIC PRESERVATION LEAGUE, INC.

93826 90047 346

Principal Place of Business P.O. BOX 995 VENICE FL 34284-0995 US	Mailing Address P.O. BOX 995 VENICE FL 34284-0995
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/11/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0334416
City & State 23	City & State 28	Applied For <input type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 34284		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, RALPH	1.2 NAME	
STREET ADDRESS	229 FIRENZE AVE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COAKLEY, ROLLINS	2.2 NAME	
STREET ADDRESS	813 ROBERT	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK MYERS	3.2 NAME	
STREET ADDRESS	328 PEDRO ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRNEISTER, DOROTHY	4.2 NAME	Fuhrmeister, Dorothy
STREET ADDRESS	471 GINGER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANING, JULIA	5.2 NAME	
STREET ADDRESS	417 N PARK BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, RICHARD	6.2 NAME	
STREET ADDRESS	934 CAPRI ISLES BLVD., #207	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	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, with all other like empowered.

SIGNATURE: Dorothy Fuhrmeister /12/99 941-493-9061