


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90322 020 ****61.25

DOCUMENT # N45993 1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOONE, STEPHEN K. 1001 AVENIDA DEL CIRCO VENICE FL 34284				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INTAGLIATA, BETTY		NAME		
STREET ADDRESS	401 CASTLE ST		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEAN, GEORGE		NAME	D McLean, GEORGE	
STREET ADDRESS	604 ALHAMBRA RD		STREET ADDRESS	604 ALHAMBRA RD	
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP	Venice FL 34285	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HILLSTROM, ELLEN		NAME	S WILLIAMS, KAREN	
STREET ADDRESS	830 INDUS RD		STREET ADDRESS	800 MADRID	
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP	VENICE FL 34285	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIS, JANET		NAME		
STREET ADDRESS	396 PARK LN DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNGBERG, GEORGE		NAME		
STREET ADDRESS	604 MENENDEZ ST		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDEN, JERRY		NAME	V MADDEN, JERRY	
STREET ADDRESS	1933 SAN SILVETRO DR		STREET ADDRESS	1933 SAN SILVETRO DR	
CITY-ST-ZIP	VENICE FL 34292		CITY-ST-ZIP	VENICE FL 34292	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Janet Weis</i> JANET WEIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/08/04 Daytime Phone #: 941-485-4556		

54031081



MOORE CR2E037 (11/03)

4. FEI Number
65-0334416

Applied For
Not Applicable

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

FL Zip Code