

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45993

FILED
Apr 28, 2008
Secretary of State

Entity Name: VENICE HISTORIC PRESERVATION LEAGUE, INC.

Current Principal Place of Business:

1633 ASHLAND PLACE
VENICE, FL 34292 US

New Principal Place of Business:

118 BRAEMAR AVE.
VENICE, FL 34293 US

Current Mailing Address:

P.O. BOX 995
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0334416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, STEPHEN K.
1001 AVENIDA DEL CIRCO
VENICE, FL 34284 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INTAGLIATA, BETTY
Address: 1675 VALLEY DR
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: FUHRMEISTER, DOROTHY
Address: P.O. BOX 995
City-St-Zip: VENICE, FL 34284

Title: S () Delete
Name: WILLIAMS, KAREN
Address: 800 MADRID
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: OSBORNE, JOHN
Address: 1633 ASHLAND PLACE
City-St-Zip: VENICE, FL 34292

Title: D (X) Delete
Name: ARONSON, RONALD
Address: P.O. BOX 995
City-St-Zip: VENICE, FL 34284

Title: V (X) Delete
Name: MADDEN, JERRY
Address: 1933 SAN SILVESTRO DR
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAPMAN, SUSAN
Address: 421 NASSAU STREET
City-St-Zip: VENICE, FL 34285

Title: VP (X) Change () Addition
Name: MADDEN, GERALD
Address: 1933 SAN SILVESTRO DRIVE
City-St-Zip: VENICE, FL 34285

Title: S (X) Change () Addition
Name: PHELPS, PENNY
Address: 646 MICHIGAN DR. S.
City-St-Zip: VENICE, FL 34292

Title: T (X) Change () Addition
Name: DETTMORE, CAROL
Address: 118 BRAEMAR AVE
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HANKS

CPA

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date