2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45993

Entity Name: VENICE HISTORIC PRESERVATION LEAGUE, INC.

Current Principal Place of Business:

624 LAKESCENE DR VENICE, FL 34293

Current Mailing Address:

P.O. BOX 995 VENICE, FL 34284

FEI Number: 65-0334416

Name and Address of Current Registered Agent:

BOONE, STEPHEN K. 1001 AVENIDA DEL CIRCO VENICE, FL 34284 US FILED Mar 30, 2019

Secretary of State

0166686110CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	TREASURER	Title	DIRECTOR
Name	HOLLAND, BRENDA	Name	TAYLOR, DAVE
Address	1221 LAKESIDE DRIVE	Address	19525 PETRINO ST
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293
Title	SECRETARY	Title	PRESIDENT
Name	HUBA, MARY	Name	PRESSLY III, JAMES CLARKE
Address	12155 STUART DRIVE	Address	624 LAKESCENE DR
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293
Title	DIRECTOR	Title	VP
Title Name	DIRECTOR MILLER, GEORGE W	Title Name	VP INTAGLIATA, ELIZABETH
Name Address	MILLER, GEORGE W	Name	INTAGLIATA, ELIZABETH 1675 VALLEY DRIVE
Name Address	MILLER, GEORGE W 12155 STUART DR	Name Address	INTAGLIATA, ELIZABETH 1675 VALLEY DRIVE
Name Address City-State-Zip:	MILLER, GEORGE W 12155 STUART DR VENICE FL 34293	Name Address City-State-Zip:	INTAGLIATA, ELIZABETH 1675 VALLEY DRIVE VENICE FL 34292
Name Address City-State-Zip: Title	MILLER, GEORGE W 12155 STUART DR VENICE FL 34293 DIRECTOR	Name Address City-State-Zip: Title	INTAGLIATA, ELIZABETH 1675 VALLEY DRIVE VENICE FL 34292 DIRECTOR
Name Address City-State-Zip: Title Name	MILLER, GEORGE W 12155 STUART DR VENICE FL 34293 DIRECTOR BAILEY, CAROL 1206 N INDIES CIRCLE	Name Address City-State-Zip: Title Name	INTAGLIATA, ELIZABETH 1675 VALLEY DRIVE VENICE FL 34292 DIRECTOR CHAPMAN, SUE 421 NASSAU ST

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: BRENDA HOLLAND

TREASURER

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MURPHY, MICHAEL P
Address	1936 CANARY ISLAND ST
City-State-Zip:	VENICE FL 34292