

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45993

Entity Name: VENICE HISTORIC PRESERVATION LEAGUE, INC.**Current Principal Place of Business:**620 CORNWELL ON THE GULF
VENICE, FL 34285**Current Mailing Address:**P.O. BOX 995
VENICE, FL 34284**FEI Number: 65-0334416****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOONE, STEPHEN K.
1001 AVENIDA DEL CIRCO
VENICE, FL 34284 US*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**Officer/Director Detail :**

Title	VP
Name	HOLLAND, BRENDA
Address	1221 LAKESIDE DRIVE
City-State-Zip:	VENICE FL 34293

Title	TREASURER
Name	RAO, NORMAN
Address	872 BAYPORT CIRCLE
City-State-Zip:	VENICE FL 34292

Title	SECRETARY
Name	MARY, HUBA
Address	12155 STUART DRIVE
City-State-Zip:	VENICE FL 34293

Title	DIRECTOR
Name	JERVEY, WILLIAM
Address	244 ST. AUGUSTINE AVE. #907
City-State-Zip:	VENICE FL 34285

Title	PRESIDENT
Name	REDLIN, CAROLYN
Address	620 CORNWELL ON THE GULF
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	BAILEY, CAROL
Address	1206 N INDIES CIRCLE
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	GATES, ED
Address	1821 LANCASHIRE DRIVE
City-State-Zip:	VENICE FL 34293

Title	DIRECTOR
Name	HOLT, BEA
Address	147 TAMPA AVE. EAST 304
City-State-Zip:	VENICE FL 34285

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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: NORMAN RAO**TREASURER****04/07/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BOWERS, TOM
Address	1701 RAVINIA CIRCLE
City-State-Zip:	VENICE FL 34292