

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45993

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC8031417913**

**Entity Name:** VENICE HISTORIC PRESERVATION LEAGUE, INC.

**Current Principal Place of Business:**

1606 VIKKI CT  
VENICE, FL 34293

**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           DIRECTOR  
Name           BUCHANAN, MARJORIE  
Address        512 VERDI STREET  
City-State-Zip: VENICE FL 34285

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

Title           PRESIDENT  
Name           SMITH, BARBARA  
Address        1606 VIKKI CT.  
City-State-Zip: VENICE FL 34293

Title           TREASURER  
Name           MILLER, GEORGE  
Address        12155 STUART DRIVE  
City-State-Zip: VENICE FL 34293

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

Title           DIRECTOR  
Name           JERVEY, WILLIAM  
Address        244 ST. AUGUSTINE AVE. #303  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           BROWN, EDY  
Address        800 OSPREY ST.  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           CUSHING, ROBERT  
Address        509 DANTE STREET  
City-State-Zip: VENICE FL 34285

*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: GEORGE MILLER**

**TREASURER**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date