2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45993

Entity Name: VENICE HISTORIC PRESERVATION LEAGUE, INC.

FILED
Mar 31, 2018
Secretary of State
CC9287379877

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 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	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 DIRECTOR

Name HUBA, MARY Name JERVEY, WILLIAM

Address 12155 STUART DRIVE Address 244 ST. AUGUSTINE AVE.

#907 BLDG 1

MILLER, GEORGE W

City-State-Zip: VENICE FL 34293 City-State-Zip: VENICE FL 34285

Title PRESIDENT

Name PRESSLY III. JAMES CLARKE

 Address
 624 LAKESCENE DR
 Address
 12155 STUART DR

 City-State-Zip:
 VENICE FL 34293
 City-State-Zip: VENICE FL 34293

Title DIRECTOR Title VF

Name GATES, ED Name INTAGLIATA, ELIZABETH

Address 1821 LANCASHIRE DRIVE Address 1675 VALLEY DRIVE
City-State-Zip: VENICE FL 34293 City State Zip: VENICE FL 34293

City-State-Zip: VENICE FL 34292

Name

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 03/31/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name BOWERS, TOM C

Address 1701 RAVINIA CIRCLE

City-State-Zip: VENICE FL 34292