

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40302

(4)

1. Corporation Name

VENICE TAXPAYERS LEAGUE, INC.

Principal Place of Business

Mailing Address

P O BOX 118  
VENICE FL 34284P O BOX 118  
VENICE FL 34284-01183. Date Incorporated or Qualified  
10/08/19903a. Date of Last Report  
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0265711

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEAKE, CHARLES  
440 BAYCREST DRIVE  
VENICE FL 34285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PEAKE, CHARLES  
STREET ADDRESS 440 BAYCREST DRIVE  
CITY-ST-ZIP VENICE FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE DV  
NAME STOUT, ROY  
STREET ADDRESS 812 RIALTO  
CITY-ST-ZIP VENICE FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE DS  
NAME WEINBERG, GERI  
STREET ADDRESS 740 BIRD BAY DRIVE  
CITY-ST-ZIP VENICE FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE DT  
NAME KREBS, EDWARD  
STREET ADDRESS 615 LAGENA DRIVE  
CITY-ST-ZIP VENCIE FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D  
NAME ZEJMOWICZ, MARION  
STREET ADDRESS 730 NOKOMIS AVENUE  
CITY-ST-ZIP VENICE FL☒ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE D  
NAME BOYER, WALTER  
STREET ADDRESS 521 PEACH STREET  
CITY-ST-ZIP VENICE FL☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084312

Edward C. Krebs, Treasurer 2/24/97 (941) 485 6681

CR2E037 (9/96)