

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90092 020 ****61.25

DOCUMENT # N40302

1. Entity Name
VENICE TAXPAYERS LEAGUE, INC.



Principal Place of Business

P O BOX 118
VENICE, FL 34284

Mailing Address

P O BOX 118
VENICE, FL 34284



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0265711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, HERBERT L
302 HARBOR SR S
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVINE, HERBERT L
STREET ADDRESS 302 HARBOR DR S
CITY-ST-ZIP VENICE, FL

TITLE VD
NAME LESKO, RAY
STREET ADDRESS 1832 FLAMETREE LANE
CITY-ST-ZIP VENICE, FL 34293

TITLE SD
NAME VAUZANGES, ROSEMARY
STREET ADDRESS 536 RIVERA ST
CITY-ST-ZIP VENICE, FL 34285

TITLE TD
NAME HICKS, ALICE
STREET ADDRESS 448 BAYNARD DR
CITY-ST-ZIP VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/08 941-488-7466