

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40302

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: VENICE TAXPAYERS LEAGUE, INC.

## Current Principal Place of Business:

P O BOX 118  
VENICE, FL 34284

## New Principal Place of Business:

802 HARBOR DR.  
VENICE, FL 34295

## Current Mailing Address:

P O BOX 118  
VENICE, FL 34284

## New Mailing Address:

P O BOX 118  
VENICE, FL 34284 01

FEI Number: 65-0265711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEVINE, HERBERT L  
102 HARBOR SR S  
VENICE, FL 34285 US

## Name and Address of New Registered Agent:

LEVINE, HERBERT L  
802 HARBOR SR S  
VENICE, FL 34285 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:

01/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEVINE, HERBERT L  
Address: 42 HARBOR DR S  
City-St-Zip: VENICE, FL

Title: VD ( ) Delete  
Name: LESKO, RAY  
Address: 1832 FLAMETREE LANE  
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete  
Name: VAUZANGES, ROSEMARY  
Address: 536 RIVERA ST  
City-St-Zip: VENICE, FL 34285

Title: TD ( ) Delete  
Name: HICKS, ALICE  
Address: 448 BAYNARD DR  
City-St-Zip: VENICE, FL 34285

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEVINE, HERBERT L  
Address: 802 HARBOR DR S  
City-St-Zip: VENICE, FL

Title: VD (X) Change ( ) Addition  
Name: BUDWAY, GARY  
Address: 1953 SETTLEMENT RD.  
City-St-Zip: VENICE, FL 34285

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICE M. HICKS

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date