2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45993

FILED May 01, 2006 Secretary of State

Entity Name: VENICE HISTORIC PRESERVATION LEAGUE, INC.

	rincipal Place of Business:	New Prince	ipal Place of Business:	
P.O. BOX /ENICE, F	995 L 342840995 US			
Current Mailing Address:		New Maili	New Mailing Address:	
P.O. BOX /ENICE, F				
n accordan	65-0334416 FEI Number Applied For (ce with s. 607.193(2)(b), F.S., the corporation Address of Current Registered Age	did not receive the prior notic	()	
001 AVEI	TEPHEN K. NIDA DEL CIRCO 'L 34284 US			
	named entity submits this statement foe of Florida.	r the purpose of changing	its registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	ed Agent	Date	
FFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
itle: ame: ddress: ity-St-Zip:	P () Delete INTAGLIATA, BETTY 1675 VALLEY DR VENICE, FL 34292	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle:	D () Delete	Title:	D (X) Change () Addition	
ame: ddress: ity-St-Zip:	MCLEAN, GEORGE 604 ALHAMBRA RD VENICE, FL 34285	Name: Address: City-St-Zip:	FUHRMEISTER, DOROTHY P.O. BOX 995 VENICE, FL 34284	
ame: ddress: ity-St-Zip: tle: ame: ddress:	604 ALHAMBRA RD	Address:	P.O. BOX 995	
ame: ddress: ity-St-Zip: itte: ame: ddress: ity-St-Zip: itte: ame: ddress:	604 ALHAMBRA RD VENICE, FL 34285 S () Delete WILLIAMS, KAREN 800 MADRID	Address: City-St-Zip: Title: Name: Address:	P.O. BOX 995 VENICE, FL 34284	
ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	604 ALHAMBRA RD VENICE, FL 34285 S () Delete WILLIAMS, KAREN 800 MADRID VENICE, FL 34285 T () Delete OSBORNE, JOHN 1633 ASHLAND PLACE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	P.O. BOX 995 VENICE, FL 34284 () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN OSBORNE T 05/01/2006