

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704215

**Entity Name:** TITUSVILLE ART LEAGUE INC**Current Principal Place of Business:**1421 DRAA RD  
TITUSVILLE, FL 32782**Current Mailing Address:**PO BOX 613  
TITUSVILLE, FL 32781-0613 US**FEI Number:** 23-7167540**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WATSON, JANET  
6690 SOUTH FORK ROAD  
TITUSVILLE, FL 32780 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:** JANET WATSON

04/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAUCK, CANDI  
Address        4109 SPRUCE STREET  
City-State-Zip: MIMS FL 32754

Title            1ST VICE PRESIDENT  
Name            WALLACE, BRIAN  
Address        561 L M DAVEY LANE  
City-State-Zip: TITUSVILLE FL 32780

Title            2ND VICE PRESIDENT  
Name            GROSSE, THERESA  
Address        2800 REDWOOD AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title            TREASURER  
Name            WATSON, JANET  
Address        6690 SOUTH FORK ROAD  
City-State-Zip: TITUSVILLE FL 32780

Title            RECORDING SECRETARY  
Name            PRICE , DEBORAH  
Address        2967 DAIRY ROAD  
City-State-Zip: TITUSVILLE FL 32796

Title            CORRESPONDING SECRETARY  
Name            REGINA, READ  
Address        108 RIVER HEIGHTS DRIVE  
City-State-Zip: COCOA FL 32922

Title            HOUSE & GROUNDS  
Name            BIELLING, ROBERT  
Address        3091 DEMARET DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title            MEMBERSHIP  
Name            WATSON, JANET  
Address        6690 SOUTH FORK  
City-State-Zip: TITUSVILLE FL 32780

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*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:** JANET WATSON**TREASURER**

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            EDUCATION  
Name            GROSSE, THRESA  
Address        2800 REDWOOD AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title            EDUCATION  
Name            STANLEY, VALORIE  
Address        3630 MUIRFIELD DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title            EDUCATION  
Name            ANDRITZ, LEAH  
Address        3433 CONSTANCE STREET  
City-State-Zip: TITUSVILLE FL 32796