

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704215** (3)
1. Corporation Name

TITUSVILLE ART LEAGUE INC



Principal Place of Business: **1421 DRAA RD
TITUSVILLE FL 32782
US**
Mailing Address: **PO BOX 6133
TITUSVILLE FL 32782-6133
US**

3. Date Incorporated or Qualified: **06/22/1962**
3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

4. FEI Number: **23-7167540**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**COOPER, GRACE
1295 GOLFVIEW DRIVE
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|----------------------|-------------------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | WINFOUGH, ANITA | |
| STREET ADDRESS | 2580 TOUPS TRAIL | |
| CITY-ST-ZIP | TITUSVILLE FL | |
| TITLE | VPD | <input type="checkbox"/> |
| NAME | KRUPP, LINDA E DR | |
| STREET ADDRESS | 6741 WINDOVER WAY | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | VPD | <input type="checkbox"/> |
| NAME | HYER, EULA B | |
| STREET ADDRESS | 3142 DOVER RD | |
| CITY-ST-ZIP | TITUSVILLE FL 32754 | |
| TITLE | TD | <input type="checkbox"/> |
| NAME | GANZEL, SHIRLY | |
| STREET ADDRESS | 3529 TRAVIS PL | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | RSD | <input type="checkbox"/> |
| NAME | PORTZ, PATRICIA A | |
| STREET ADDRESS | 4800 CALLAMONDIN AVE | |
| CITY-ST-ZIP | TITUSVILLE FL 32926 | |
| TITLE | CSD | <input checked="" type="checkbox"/> |
| NAME | MARTIN, MARY | |
| STREET ADDRESS | 3205 HEATHER DR | |
| CITY-ST-ZIP | TITUSVILLE FL 32796 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|---------------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | GANZEL, SHIRLEY | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | D EVELYN HAYS | | |
| 6.3 STREET ADDRESS | 1645 PRIVATEER DR. | | |
| 6.4 CITY-ST-ZIP | TITUSVILLE, FL 32780 32796 | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *Anita Winfough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANITA WINFOUGH, PRESIDENT

Date: **3/3/96**
Daytime Phone #: **(407) 255-4875**

CR2E037 (12/95)