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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/22/1962
3a. Date of Last Report: 03/19/1996
4. FEI Number: 23-7167540
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: Wierenga, Linnie
82 Street Address (P.O. Box Number is Not Acceptable): 1360 Cordelle Cr
83 City: Titusville
84 State: FL
85 Zip Code: 32780

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: *Linnie B. Wierenga* 3 Linnie Wierenga VPD MAR 12, 1997
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINFOUGH, ANITA	
STREET ADDRESS	2580 TOUPS TRAIL	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KRUPP, LINDA E DR	
STREET ADDRESS	6741 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HYER, EULA B	
STREET ADDRESS	3142 DOVER RD	
CITY-ST-ZIP	TITUSVILLE FL 32754	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GANZEL, SHIRLEY	
STREET ADDRESS	3529 TRAVIS PL	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	PORTZ, PATRICIA A	
STREET ADDRESS	4800 CALLAMONDIN AVE	
CITY-ST-ZIP	TITUSVILLE FL 32926	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYS, EVELYN	
STREET ADDRESS	1645 PRIVATEER DR	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD Wierenga, Linnie Titusville, FL
2.3 STREET ADDRESS	1360 Cordelle Cr 32780
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Greenlee, Eileen Titusville, FL
3.3 STREET ADDRESS	3655 Miriam Dr. 32780
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Portz, Patricia A. Cocoa, FL
4.3 STREET ADDRESS	4800 Calamondin Ave 32926
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RSD Smith, Sandra
5.3 STREET ADDRESS	285 Yumas Dr. Titusville, FL 32796
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Portz* PATRICIA A. PORTZ 285 YUMAS DR. TITUSVILLE FL 32796

CR2E037 (9/96)