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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
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
4. FEI Number: 23-7167540
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

9. Name and Address of Current Registered Agent: WIERENGA, LINNIE, 1360 CORDELLE CT, TITUSVILLE FL 32780

10. Name and Address of New Registered Agent (81-85)

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	XXXXXXXX PD
NAME	WINFOUGH, ANITA	1.2 NAME	Joy Merckson
STREET ADDRESS	2580 TOUPS TRAIL	1.3 STREET ADDRESS	2940 Jackaranda Tr
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	VPD	2.1 TITLE	XXXXXXXX VPD
NAME	KRUPP, LINDA E DR	2.2 NAME	None
STREET ADDRESS	6741 WINDOVER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	XXXXXXXX VPD
NAME	HYER, EULA B	3.2 NAME	Sue Vaughn
STREET ADDRESS	3142 DOVER RD	3.3 STREET ADDRESS	4405 Kent St
CITY-ST-ZIP	TITUSVILLE FL 32754	3.4 CITY-ST-ZIP	Titusville FL 32780
TITLE	TD	4.1 TITLE	XXXXXXXX TD
NAME	GANZEL, SHIRLEY	4.2 NAME	Callie J. Hoffman
STREET ADDRESS	3529 TRAVIS PL	4.3 STREET ADDRESS	990 Palermo Rd
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Titusville FL 32780
TITLE	RSD	5.1 TITLE	XXXXXXXX RSD
NAME	PORTZ, PATRICIA A	5.2 NAME	Gisela Goodwin
STREET ADDRESS	4800 CALLAMONDIN AVE	5.3 STREET ADDRESS	1422 Prospect St
CITY-ST-ZIP	TITUSVILLE FL 32926	5.4 CITY-ST-ZIP	Titusville FL 32780
TITLE	D	6.1 TITLE	D
NAME	HAYS, EVELYN	6.2 NAME	Evelyn Hays
STREET ADDRESS	1645 PRIVATEER DR	6.3 STREET ADDRESS	1645 Privateer Dr
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	Titusville FL 32780

14. I 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: Callie J. Hoffman Callie J. Hoffman 4-20-98 (407)269-3780

CR2E037 (10/97)