


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90307 027 \*\*\*\*61.25

**DOCUMENT # 704215**  
 1. Entity 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**

**50042624**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **23-7167540**  
 Applied For:  Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BRENNAN, BETTY**  
**507 POINSETTIA AVE**  
**TITUSVILLE FL 32796**

7. Name and Address of New Registered Agent  
 Name: **ANITA C. WINFOURTH**  
 Street Address (P.O. Box Number is Not Acceptable): **2580 TOLIPS TRL.**  
 City: **TITUSVILLE** FL Zip Code: **32780**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *[Signature]* **CHAIR, HOUSE & GROUNDS** DATE: **4/16/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANTANA, LUIS	
STREET ADDRESS	7028 CORALL COVE DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	COLLISTER, B J	
STREET ADDRESS	PO BOX 1436	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	ZOLLER, KAREN	
STREET ADDRESS	4255 DIXIE WAY	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	BEAULIEU, CHRISTINA	
STREET ADDRESS	7000 N HIGHWAY 1	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, DEBRA	
STREET ADDRESS	996 CAROLINA CIRCLE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	SHOEMAKER, JENNI	
STREET ADDRESS	2925 COOPER DR	
CITY-ST-ZIP	TITUSVILLE FL 32796	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, JENNI	
STREET ADDRESS	2825 COOPER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, DEBRA	
STREET ADDRESS	996 CAROLINA CIRCLE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	RSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERCKSON, JOY	
STREET ADDRESS	2940 JACARANDA TRAIL	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHER, JOYCE	
STREET ADDRESS	1735 HARRISON ST. #230	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	CSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTON, MARLENE	
STREET ADDRESS	5220 AMY WAY	
CITY-ST-ZIP	MIMS FL 32754	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce M. Luther, Treasurer* DATE: **4/16/05** DAYTIME PHONE #: **321-268-1644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

50042624

Titusville Art League  
P. O. Box 6133  
Titusville, FL 32782

Document #704215 continued

ADDITIONAL DIRECTORS (D):

Brennan, Betty  
507 Poinsettia Ave.  
Titusville, FL 32796

Librarian

Hays, Evelyn  
1645 Privateer Drive  
Titusville, FL 32780

Gallery

White, Dorothy  
4325 Ivanhoe Drive  
Titusville, FL 32796

Chair of Public Art Displays/Publicity

Kryway, Ola  
4540 Westview Lane  
Titusville, FL 32780

Education

Jernigan, Muriel  
4545 Wellington Lane  
Mims, FL 32754

Membership

Winfough, Anita  
2580 Toups Trail  
Titusville, FL 32780

House & Grounds