

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 # 757698 (6)

1. Corporation Name

THE BOYNTON BEACH ART LEAGUE, INC.



Principal Place of Business

P.O. BOX 4543
BOYNTON BEACH FL 33424

Mailing Address

P.O. BOX 4543
BOYNTON BEACH FL 33424

3. Date Incorporated or Qualified
04/23/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2097598

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLISLE, ALICE P
1408 W MANGO ST
LANTANA FL 33462**

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

Alice P. Carlisle Treas. Alice P. Carlisle Apr. 13, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, DOROTHY	
STREET ADDRESS	601 S W 21ST CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUMMERS, JERRY E	
STREET ADDRESS	149 EXECUTIVE CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, SARAH	
STREET ADDRESS	1115 - 18TH AVE., N.W.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARLISLE, ALICE	
STREET ADDRESS	1408 W. MANGO ST.	
CITY-ST-ZIP	LANTANA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, THELMA	
STREET ADDRESS	2357 SW 13TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	CAVANAGH, DALE	
STREET ADDRESS	11302 QUAIL COVEY RD.	
CITY-ST-ZIP	BOYNTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ann Rivers	
1.3 STREET ADDRESS	N201 Flamingo Dr.	
1.4 CITY-ST-ZIP	Briney Breezes FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rita Galvin	
2.3 STREET ADDRESS	5687 Fairway Dr. 3-204	
2.4 CITY-ST-ZIP	Boynton Beach FL 33437	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Helen R. O'Reilly	
3.3 STREET ADDRESS	7254 W. Oakridge Cir B-34	
3.4 CITY-ST-ZIP	Lantana FL 33462	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jerry E. Summers	
5.3 STREET ADDRESS	149 Executive Circle	
5.4 CITY-ST-ZIP	Boynton Beach FL 33436	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: *Alice P. Carlisle Treas. Alice P. Carlisle Apr. 13 1996*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
407-585-5143

CR2E037 (12/95)