

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33424-4543
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/23/1981	3a. Date of Last Report 04/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2097598	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 (NOTE: Registered Agent signature required when reinstating) DATE Apr 8, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN RIVERS	1.2 NAME	
STREET ADDRESS	N201 FLAMINGO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRINEY BREEZES FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA GALVIN	2.2 NAME	
STREET ADDRESS	5887 FAIRWAY DRIVE, 3-204	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, SARAH	3.2 NAME	Director
STREET ADDRESS	1115 - 18TH AVE., N.W.	3.3 STREET ADDRESS	Frank Lohan
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	10952 Green Trail Dr., So. Boynton Beach FL 33436
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN R O'REILLY	4.2 NAME	
STREET ADDRESS	7254 W OAKRIDGE CIRCLE, B-24	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY E SUMMERS	5.2 NAME	
STREET ADDRESS	149 EXECUTIVE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	CSD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAGH, DALE	6.2 NAME	
STREET ADDRESS	11302 QUAIL COVEY RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	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 in an attachment with an address.

Alice P. Carlisle 561 585 5143

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