

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N35226** (2)
1. Corporation Name
THE PALM BEACH COUNTY LITERACY COALITION, INC.



Principal Place of Business 551 SE 8TH STREET SUITE 101 DELRAY BEACH FL 33483 US	Mailing Address 551 SE 8TH STREET SUITE 101 DELRAY BEACH FL 33483 US
--	--

3. Date Incorporated or Qualified 11/13/1989
4. FEI Number 65-0169781
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KOSTRUB, DARLENE
551 SE 8TH STREET
SUITE 101
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SPILLIAS, KEN 650 AUSTRALIAN AVE. S. WEST PALM BEACH FL	1.1 TITLE Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	PICKARD, DANA 250 ROYAL PALM WAY PALM BEACH FL	1.2 NAME Lewis, Longman & Walker	
TITLE DVP	BURGER, MARK 470 COLUMBIA DR., STE. D-201 WEST PALM BEACH FL	1.3 STREET ADDRESS 1700 Palm Beach Lakes Blvd.	
TITLE D	MILLION, MARCI 3333 S. CONGRESS AVE. DELRAY BEACH FL	1.4 CITY-ST-ZIP West Palm Beach FL 33409	
TITLE D	PARKS, GORDON 1500 GATEWAY BLVD., MS 29 BOYNTON BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	CROWLEY, CHERYL 11865 BANYAN ST. PALM BEACH GARDENS FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME Jonathan Brookshire	
		4.3 STREET ADDRESS Northern Trust	
		4.4 CITY-ST-ZIP 11780 US Highway One, NPB, 33408	
		5.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME Ralph "Trip" Moore	
		5.3 STREET ADDRESS U S Trust Co.	
		5.4 CITY-ST-ZIP 18a Royal Palm Way	
		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 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: Darlene Kostrub 4-14-98 561-279-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045597

CR2E037 (10/97)