


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N35226
1. Entity Name
THE PALM BEACH COUNTY LITERACY COALITION, INC.



Principal Place of Business
**551 SE 8TH STREET
SUITE 505
DELRAY BEACH, FL 33483 US**

Mailing Address
**551 SE 8TH STREET
SUITE 505
DELRAY BEACH, FL 33483 US**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0169781 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KOSTRUB, DARLENE
551 SE 8TH STREET
SUITE 505
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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: *Darlene Kostrub, Darlene Kostrub, Exec. Director*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE 1/5/04

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICKARD, DANA 100 CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CUNNINGHAM, G. COTTER 11801 US HIGHWAY ONE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GILDAN, LAURIE 777 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP STARLING, KELLY 11780 US HIGHWAY ONE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROWLEY, CHERYL 11865 BANYAN ST. PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRACCI, MICHAEL 11301 US HIGHWAY ONE NORTH PALM BEACH, FL 33408

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01/12/04-80821-008 70.00

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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: *Darlene Kostrub, Darlene Kostrub, Executive Director* 1/6/04 561-279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9103