

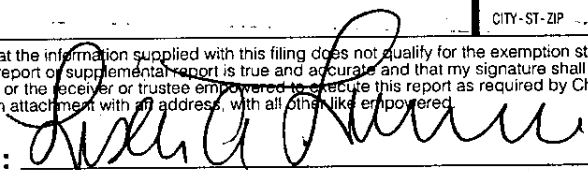


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90010 026 \*\*\*\*61.25

<b>DOCUMENT # N41549</b> 1. Entity Name <b>BOCA RATON LITERARY SOCIETY, INC.</b>					
Principal Place of Business <b>% NORTHERN TRUST CO. NORTHERN TRUST BANK</b> <b>301 YAMATO RD</b> <b>BOCA RATON, FL 33431-4929</b>				Mailing Address <b>% NORTHERN TRUST CO. NORTHERN TRUST BANK</b> <b>301 YAMATO RD</b> <b>BOCA RATON, FL 33431-4929</b>	
2. Principal Place of Business <b>3100 N. Military Trail</b> Suite, Apt. #, etc.		3. Mailing Address <b>3100 N. Military Trail</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL</b> Zip <b>33431</b>		City & State <b>Boca Raton, FL</b> Zip <b>33431</b>		4. FEI Number <b>65-0252949</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SACHER, CHARLES P.</b> <b>2655 LEJEUNE ROAD</b> <b>SUITE 1101</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE ____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, WILLIAM 301 YAMATO RD. BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGSTON, LISKA A 301 YAMATO ROAD BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GERBUS JACQUELINE 301 YAMATO ROAD BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 				Date <b>1/13/04</b> Daytime Phone # <b>561-998-9100</b>	