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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Socretary of State

DIVISION OF CORPORATIONS

407.994.0070

1996

DOCUMENT #
1. Corporation Name

SIGNATURE:

N92000000495 (3)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOCA RATON LITERACY ADVISORY COUNCIL, INC.

Principal Place	o of Business	·	·	Initian Address								
Principal Place of Business Mailing Address											•••••	
200 N.W. BOCA RATON BLVD. BOCA RATON FL 33432			2255 GLADES ROAD. SUITE 300 EAST BOCA RATON FL 33431									
									3. Date Incorporated or Qualified 11/23/1992			st Report /1995
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		T	Applied For
21				26					65-0357523			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		•	75 Additional e Required
City & State				City & State					6. Election Campaign Financing			.00 May Be
	Zip Country		28	Zip Cou					Trust Fund Contribution			ded to Fees
24	25		29	¬ '			,		This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Currer			Regis	_1					10. Name and Address of New Registered Agent			
						81	Τ	Name				
DAVIDSON, HOLLY						82	-	Street Addic	fliess (P.O. Box Number is Not Acceptable)			
2255 GLADES ROAD, SUITE 300 EAST							L			,		
BOCA RATON FL 33431						83						
						84	-	City		FL	85	Zip Code
11. Pursuant	to the provisio	ns of Sections 617.0502	and 61	7.1508, Florida Statuti	es, the	above	na	med corpora	ation submits this statement for the purpo	occ of object	ing its	registered office
familiar wi	ith, and accep	ooth, in the State of Florid t the obligations of, Section	a Suci on 617	a change was authoriz .0503, Florida Statutes	ted by t 3.	the corp	oor	ation's board	d of directors. I hereby accept the appoin	ntment as re	gistere	ed agent. Lam
SIGNATURE												
-10	Signature, typied or	r printed name of registered agent a					nt s	ignature required		DATE		
■12.	T	OFFICERS AND	DIHEC	DELETE		13.			ADD TIONS/CHANGES TO OFFIC			
NAME	DAMOS	ON, HOLLY				1 1 TITLE				LJ	Change	e 🛅 Addition
STREET ADDRESS	1	RRIWINKLE STREET				1.2 NAME	,	DDDC00				
CITY-ST-ZIP	1	ATON FL 33486				1 3 STREET		1				
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City - St - ZiP		ATON FL 33486				2 4 CITY		!	10000171 -02/14/36010	1102	2.4	
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NAME	LEHMAN			3 2 NAME		į						
STREET ADDRESS 5150 E. CLUB CIRCLE APT. 10				33\$			T A[DORESS				
C:TY-ST-ZIP	BOCA R	ATON FL 33487				3.4 CHTY -	ST-	- ZIP				
T:TLE				DELETE	_ [·	4.1 TITLE					Change	e 🔲 Addition
NAME:					1	4 2 NAME		-				
STREET ADDRESS					1	4 3 STREET	T A!	DORESS				
CITY-ST-ZIP				- Coc. Ftc		4.4 CITY - S	ST-	ZIP				
TITLE				[_]DELETE		5 1 TITLE				IJ	Change	e
NAME						5 2 NAME						
STREET ADDRESS						53 STHEET		İ				
CITY-ST-ZIP TITLE				DELETE		<u>5 4 CHTY - 5</u> 6 1 THTLE	<u>S</u> [-	ZIP		· —	Change	e 🗀 Addition
NAME				Section		62 NAME				L	onange	, LI vocition
STREET ADDRESS						63 STREET	I AI	DOBESS				
CITY-ST-ZIP						6 4 CITY - S						
14. Ldo hereb	by certify that t	he information supplied w	ith this	filing is voluntarily furn	nished a	and doe	25 1	not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florid	a Stat	lutes. I further
certify that	at the informati t I am an office	on indicated on this annu	al repo ation o	irt or supplemental ann or the receiver or truste	nual rep se empo	ort is tru	110	and accurate	te and that my signature shall have the sa s report as required by Chapter 617, Flori	none legal of	fact ac	if roado undor