


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90355 006 *****61.25

DOCUMENT # N92000000495 1. Entity Name BOCA RATON LITERACY ADVISORY COUNCIL, INC.					
Principal Place of Business 200 N.W. BOCA RATON BLVD. BOCA RATON, FL 33432			Mailing Address 200 N.W. BOCA RATON BLVD. BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHUTTLER, HOLLY D ESQ 5355 TOWN CENTER RD SUITE 801 - THE PLAZA BOCA RATON, FL 33486				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, GRACE		NAME		
STREET ADDRESS	1501 SW 6TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BODEN, SOPHIE		NAME	Lena Campano	
STREET ADDRESS	5302 BUCKHEAD CIRCLE		STREET ADDRESS	2871 N. Ocean Blvd.	
CITY - ST - ZIP	BOCA RATON, FL 33486		CITY - ST - ZIP	Boca Raton, FL 33431	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLER, KEVIN		NAME		
STREET ADDRESS	470 NE 33RD STREET		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33431		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUTTLER, HOLLY D		NAME		
STREET ADDRESS	5355 TOWN CENTER ROAD, STE. 801		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33486		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEAVESLEY, SUSAN		NAME	Rosemary Laurent	
STREET ADDRESS	840 BUTTERNUT TERRACE		STREET ADDRESS	4201 N. Ocean Blvd. #304	
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP	Boca Raton, FL 33431	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUTTLER, HOLLY D		NAME		
STREET ADDRESS	5355 TOWN CENTER ROAD, SUITE 801		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33486		CITY - ST - ZIP		
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: _____			4/26/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		