



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90025 020 ****70.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02232005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0357523	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHUTTLER, HOLLY D ESQ 5355 TOWN CENTER RD SUITE 801 - THE PLAZA BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Schuttler, Holly D. Esq. Street Address (P.O. Box Number is Not Acceptable) 2151 NW Boca Raton Blvd. City Boca Raton FL 33431		
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 <u>Holly D. Schuttler</u> <u>[Signature]</u> <u>3/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, GRACE 1501 SW 6TH TERRACE BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPANO, LENA 2871 N OCEAN BLVD BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLER, KEVIN 470 NE 33RD STREET BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURENT, ROSEMARY 4201 N OCEAN BLVD # 304 BOCA RATON, FL, 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEAVESLEY, SUSAN 840 BUTTERNUT TERRACE BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUTTLER, HOLLY D 5355 TOWN CENTER ROAD, SUITE 801 BOCA RATON, FL 33486	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Olga Bashova 6825 Allegre Court Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schuttler, Holly D 2151 NW Boca Raton Blvd, Suite 100 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> <u>Holly D. Schuttler</u> <u>3/8/05</u> <u>561-393-0565</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					