

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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**



01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0357523

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHUTTLE, HOLLY D ESQ
2151 NW BOCA RATON BLVD
BOCA RATON, FL 33431**

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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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, GRACE
STREET ADDRESS	1501 SW 6TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	CAMPANO, LENA
STREET ADDRESS	2871 N OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	HOLLER, KEVIN
STREET ADDRESS	470 NE 33RD STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	LEVINE, STEPHANIE
STREET ADDRESS	6644 PATIO LN
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	BASHOU, OLGA
STREET ADDRESS	6825 ALLEGAS COURT
CITY-ST-ZIP	BOCA RATON, FL 33453
TITLE	D
NAME	SCHUTTLE, HOLLY D
STREET ADDRESS	2151 NW BOCA RATON BLVD, SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431

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04/10/07-80055-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 *561.393-0565*
Date Daytime Phone #