


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90024 008 ****70.00

DOCUMENT # N92000000495 1. Entity Name BOCA RATON LITERACY ADVISORY COUNCIL, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0357523	Applied For Not Applicable
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
2151 NW BOCA RATON BLVD
BOCA RATON, FL 33431**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

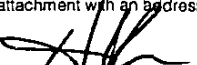
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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:  **Holly D. Schuttler** **3/31/08** **561.393.0565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #