2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

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Entity Name: BOCA RATON LITERACY ADVISORY COUNCIL, INC.

Current Principal Place of Business:

200 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

200 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0357523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUTTLER, HOLLY D ESQ
2151 NW BOCA RATON BLVD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JOHNSON, GRACE	
Address:	1501 SW 6TH TERRACE	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	VP	( ) Delete
Name:	CAMPANO, LENA	
Address:	2871 N OCEAN BLVD	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	T	( ) Delete
Name:	HOLLER, KEVIN	
Address:	470 NE 33RD STREET	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	S	( ) Delete
Name:	LEVINE, STEPHANIE	
Address:	6644 PATIO LN	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	S	( ) Delete
Name:	BASHOU, OLGA	
Address:	6825 ALLEGRAS COURT	
City-St-Zip:	BOCA RATON, FL 33453	
Title:	D	( ) Delete
Name:	SCHUTTLER, HOLLY D	
Address:	2151 NW BOCA RATON BLVD, SUITE 100	
City-St-Zip:	BOCA RATON, FL 33431	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY D. SCHUTTLER D 04/02/2009

Electronic Signature of Signing Officer or Director — Date