

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90011 036 \*\*\*\*61.25

DOCUMENT # N96000004794

1. Corporation Name

DELRAY BEACH LITERARY SOCIETY, INC.

Principal Place of Business

C/O NORTHERN TRUST BANK  
770 E ATLANTIC AVE  
DELRAY BEACH FL 33483

Mailing Address

C/O NORTHERN TRUST BANK  
770 E ATLANTIC AVE  
DELRAY BEACH FL 33483

88778-90011-36



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/16/1996

4. FEI Number

65-0713116

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SACHER, CHARLES P  
2655 LEJEUNE RD  
SUITE 1101  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MALEK, JAMES S PH.D  
STREET ADDRESS 777 GLADES RD  
CITY-ST-ZIP BOCA RATON FL 33431 ☒ DELETE

TITLE VD  
NAME MCCORMICK, BERNARD  
STREET ADDRESS 800 E BROWARD BLVD SUITE 506  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

TITLE 2VD  
NAME DSURNEY, SUSAN E  
STREET ADDRESS 770 E ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ DELETE

TITLE STD  
NAME EZZES, JUDY  
STREET ADDRESS 770 E ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
DR. WILLIAM BOVINO  
FAU, 777 GLADES ROAD  
BOCA RATON, FL 33431

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

561-278-1300

Date

Daytime Phone #

CR2E037 (11/98)

0047408