


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004794 1. Entity Name DELRAY BEACH LITERARY SOCIETY, INC.	
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FILED
04 JAN -8 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01092004	Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0713116	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SACHER, CHARLES P 2655 LEJEUNE RD SUITE 1101 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____
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Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	DI GIACOMO, LEE
STREET ADDRESS	2765 WINDHAM COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VD <input type="checkbox"/> Delete
NAME	OLIVERI, TOM
STREET ADDRESS	770 E ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	2VD <input type="checkbox"/> Delete
NAME	BROWN, PERRY
STREET ADDRESS	770 E ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	STD <input type="checkbox"/> Delete
NAME	GOFFE, SHARON
STREET ADDRESS	770 E ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D <input type="checkbox"/> Delete
NAME	FISHBANE, IRENE
STREET ADDRESS	11126 STONEYBROOK LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D <input type="checkbox"/> Delete
NAME	MARKIN, MARILYN
STREET ADDRESS	2882 BANYAN CIRCLE NW
CITY-ST-ZIP	BOCA RATON, FL 33431

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	01/13/04--01084--007 **\$1.25
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>See attached</i>	Date _____	Daytime Phone # _____
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Document Number

N96000004794

Business Entity Name

DELRAY BEACH LITERARY SOCIETY, INC.

FEI Number

650713116

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

C/O NORTHERN TRUST BANK

Suite, Apt. #, etc.

770 E ATLANTIC AVE

City, State

DELRAY BEACH

FL

Zip Code & Country

33483

Mailing Address

Address

C/O NORTHERN TRUST BANK

Suite, Apt. #, etc.

770 E ATLANTIC AVE

City, State

DELRAY BEACH

FL

Zip Code & Country

33483

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SACHER

CHARLES

P

-or- RA Business Name

Address

2655 LEJEUNE RD

Suite, Apt. #, etc.

SUITE 1101

City, State

CORAL GABLES

FL

Zip Code & Country

33134

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Business Entity Name

DELRAY BEACH LITERARY SOCIETY, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

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