

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000843

FILED
Aug 06, 2004
Secretary of State**Entity Name:** BOCA RATON PUBLIC LIBRARY FOUNDATION, INC.**Current Principal Place of Business:**200 NW BOCA RATON BLVD
BOCA RATON, FL 334323720**New Principal Place of Business:****Current Mailing Address:**200 NW BOCA RATON BLVD
BOCA RATON, FL 334323720**New Mailing Address:****FEI Number:** 65-0817182**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**O'CONNELL, CATHERINE A
3028 NW 28TH AVE
BOCA RATON, FL 33431**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: SD () Delete
Name: BRAVO, OMAR J
Address: 5530 CROYDON COURT
City-St-Zip: BOCA RATON, FL 33486

Title: PD () Delete
Name: ARTS, CATHERINE B
Address: 1119 SW 13TH DR
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: MURDOCH, KATHLEEN
Address: 774 AZALEA STREET
City-St-Zip: BOCA RATON, FL 33486

Title: DT () Delete
Name: O'CONNELL, CATHERINE A
Address: 3028 NW 28TH AVE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: BOYMAN, NANCY
Address: 1401 S OCEAN BLVD #206
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BETH, KING DR.
Address: 2360 NW 45TH ST.
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHERINE A. O'CONNELL

DT

08/06/2004

Electronic Signature of Signing Officer or Director

Date