

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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1. Entity Name

BOCA RATON PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business

200 NW BOCA RATON BLVD
BOCA RATON, FL 33432-3720

Mailing Address

200 NW BOCA RATON BLVD
BOCA RATON, FL 33432-3720



02282005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0817182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, CATHERINE A
3028 NW 28TH AVE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME BRAVO, OMAR J
STREET ADDRESS 5530 CROYDON COURT
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE PD
NAME ARTS, CATHERINE B
STREET ADDRESS 1119 SW 13TH DR
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D
NAME MURDOCH, KATHLEEN
STREET ADDRESS 774 AZALEA STREET
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE DT
NAME O'CONNELL, CATHERINE A
STREET ADDRESS 3028 NW 28TH AVE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME BOYMAN, NANCY
STREET ADDRESS 1401 S OCEAN BLVD #206
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D
NAME BETH, KING DR.
STREET ADDRESS 2360 NW 45TH ST.
CITY-ST-ZIP BOCA RATON, FL 33431

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04/27/05-80127-022 61.25

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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Daytime Phone #