


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # N98000000843		
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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	HANNIFAN, JOHN T	
STREET ADDRESS	2269 W SILVER PALM RD	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	
NAME	ARTS, M.J.	
STREET ADDRESS	1119 S. W. 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	MURDOCH, RICHARD A	
STREET ADDRESS	774 AZALEA ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	S	
NAME	BETH, KING DR.	
STREET ADDRESS	2360 NW 45TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 33431	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>CATHERINE A. O'CONNELL</u> DT 7/5/07 541-393-7915		



07062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0817182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/11/07-80004-013 61.25

**DO NOT WRITE
IN THIS SPACE**