

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05227** (6)
1. Corporation Name
CITIES IN SCHOOLS OF PALM BEACH COUNTY, INC.



Principal Place of Business Mailing Address
114 NORTH J STREET 2ND FLOOR
LAKE WORTH FL 33460-3354

3. Date Incorporated or Qualified **09/19/1984** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-2516164** 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**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **114 NORTH J STREET** 26 **114 NORTH J STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SILBER, ILENE SOLOMON
114 NORTH J ST.
2ND FLOOR
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
114 NORTH J STREET
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	COMPIANI, FRANK	1555 P. B. LAKES BLVD., #1400	WEST PALM BEACH FL	<input type="checkbox"/>
CD	DAVIS, JOHN MAX	1501 NORTHPOINT PKY, SUITE 105	WEST PALM BEACH FL	<input checked="" type="checkbox"/>
SD	SHEARIN, NORMAN W	1501 NW 15TH CT.	BOCA RATON FL	<input type="checkbox"/>
ED	SILBER, ILENE SOLOMON	114 NORTH J ST. 2ND FLOOR	LAKE WORTH FL	<input type="checkbox"/>
CFOD	MARSH, GREGORY A.	500 NW 12TH AVE.	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
VD	PETERSON, WILLIAM	PO BOX 24612 N/A	WEST PALM BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
VD			33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (407) 582-0820

Date

Daytime Phone #

CR2E037 (12/95)