

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05227 (6)**  
1. Corporation Name  
**COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC**



Principal Place of Business <b>114 N J STREET LAKE WORTH FL 33460-3354 US</b>	Mailing Address <b>114 N J STREET LAKE WORTH FL 33460-3354 US</b>
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3. Date Incorporated or Qualified <b>09/19/1984</b>	3a. Date of Last Report <b>04/29/1996</b>
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21. Principal Place of Business [Redacted]	2a. Mailing Address <b>26</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number <b>59-2516164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SILBER, ILENE SOLOMON  
114 NORTH J STREET  
~~2ND FLOOR~~  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COMPIANI, FRANK	
STREET ADDRESS	1555 P. B. LAKES BLVD., #1400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	CFOD	<input checked="" type="checkbox"/> DELETE
NAME	HILSON, ROBERT E	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHEARIN, NORMAN W	
STREET ADDRESS	1501 NW 15TH CT.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	SILBER, ILENE SOLOMON	
STREET ADDRESS	114 NORTH J STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, WILLIAM	
STREET ADDRESS	PO BOX 24612 N/A	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSS, DAVID	
2.3 STREET ADDRESS	501 EAST LAS OLAS BLVD, 4th Floor	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOAN WILLIAMS	
6.3 STREET ADDRESS	2139 PALM BEACH LAKES BLVD.	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	

14. I do 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 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 a 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, or as an attachment with an address.

SIGNATURE: *[Signature]* **FILED** 4/23/97 (561) 582-0820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039084

CR2E037 (9/96)