

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05227

FILED
Mar 23, 2009
Secretary of State

Entity Name: COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1660 SOUTHERN BLVD
STE. N
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6266
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 59-2516164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGLEY, MARGARET L
3401 LAKE AVENUE
WEST PALM BEACH, FL 33405 US

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: D () Delete
Name: MASON, LINDA MS.
Address: 625 N. FLAGLER DRIVE, 10TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D () Delete
Name: DEREUIL, ROBERT MR.
Address: 515 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D () Delete
Name: JOANN, GOODING MS.
Address: 11780 US HWY 1, SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: CD () Delete
Name: FIELDS, PRESTON J
Address: 11211 PROSPERITY FARMS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: GORMAN, MARCIE
Address: 2435 TENTH AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33461

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARGARET L. BAGLEY

MS

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date