

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05227

FILED  
Jan 05, 2011  
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  
Name: MASON, LINDA MS.  
Address: 625 N. FLAGLER DRIVE, 10TH FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D  
Name: HANSEN, MARK MR.  
Address: 555 S. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432 US

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

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

Title: D  
Name: GORMAN, MARCIE  
Address: 318 S. LAKE DRIVE  
City-St-Zip: LANTANA, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: MARGARET BAGLEY

MS.

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date