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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:24

DOCUMENT # 703535 (5)

1. Corporation Name

PALM BEACH COUNTY CLASSROOM TEACHERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
ASSOCIATION INC 715 SPENCER DRIVE WEST PALM BEACH FL 33409	ASSOCIATION INC 715 SPENCER DRIVE WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1962
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0979227 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LUDY, VAN V.
8712 WINDY CIRCLE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President PD	☒ Change ☐ Addition
NAME	CORBETT, BETTY S.	1.2 NAME	John "Frank" Williams	
STREET ADDRESS	1377 6TH STREET	1.3 STREET ADDRESS	153 SE 26th Street	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	VD	2.1 TITLE	Vice-President VD	☒ Change ☐ Addition
NAME	HELSEL, NONA	2.2 NAME	Lena Roundtree	
STREET ADDRESS	105 1ST LANE	2.3 STREET ADDRESS	622 C Sea Pine Way	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	TD	3.1 TITLE	Treasurer TD	☒ Change ☐ Addition
NAME	WILLIAMS, J. FRANK	3.2 NAME	Glenn Bafia	
STREET ADDRESS	153 S.E. 26TH AVE.	3.3 STREET ADDRESS	10333 Boynton Place Circle	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 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, or on an attachment with an address.

SIGNATURE: J. Frank Williams J. Frank Williams 2/23/95 407/603-4623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011030