2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 703535

Entity Name: PALM BEACH COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.

Current Principal Place of Business:

PALM BEACH COUNTY CTA, INC
715 SPENCER DRIVE
WEST PALM BEACH FLA, FL 33409

New Principal Place of Business:

Current Mailing Address:

ATTN: OFFICE MGR., PALM BEACH COUNTY CTA
715 SPENCER DRIVE
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-0979227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANA, SHELLEY
715 SPENCER DRIVE
WEST PALM BEACH, FL 33409 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: TD ( ) Delete
Name: KOPF, ED
Address: 3181 EMERSON AVENUE
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD ( ) Delete
Name: KAY, KAREN
Address: 112 PLANTATION BLVD
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete
Name: VANA, SHELLEY
Address: 6038 BANIA WOOD CIRCLE
City-St-Zip: LANTANA, FL 33462

Title: S ( ) Delete
Name: LEONARD, LINDA
Address: 292 ACACIA CT
City-St-Zip: WEST PALM BEACH, FL 33411

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HELENE SAMANGO DIR 04/29/2004

Electronic Signature of Signing Officer or Director — Date