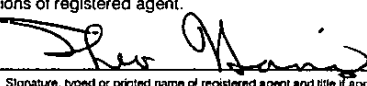
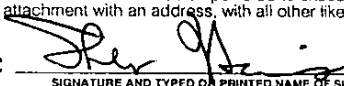


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90490 035 ****70.00

DOCUMENT # 703535 1. Entity Name PALM BEACH COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.					
Principal Place of Business PALM BEACH COUNTY CTA, INC 715 SPENCER DRIVE WEST PALM BEACH FLA, FL 33409			Mailing Address ATTN: OFFICE MGR., PALM BEACH COUNTY CTA 715 SPENCER DRIVE WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0979227 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VANA, SHELLEY 715 SPENCER DRIVE WEST PALM BEACH, FL 33409			Name THEO HARRIS Street Address (P.O. Box Number is Not Acceptable) 715 SPENCER DRIVE City WEST PALM BEACH, FL Zip Code 33409		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		THEO HARRIS, PRESIDENT		04/20/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	P/D - THEO HARRIS	
NAME	KOPF, ED ☒ Delete		NAME	4237 B WOODS EDGE CIRCLE ☒ Change ☐ Addition	
STREET ADDRESS	3181 EMERSON AVENUE		STREET ADDRESS	PALM BEACH GARDENS, FL 33410	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	VPD ☒ Delete		TITLE	V/D - ED KOPF ☒ Change ☐ Addition	
NAME	KAY, KAREN		NAME	3181 EMERSON AVENUE	
STREET ADDRESS	112 PLANTATION BLVD		STREET ADDRESS	LAKE WORTH, FL 33461	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	PD ☒ Delete		TITLE	T/D - DAVE GALLO ☒ Change ☐ Addition	
NAME	VANA, SHELLEY		NAME	4247 JUNIPER TERRACE	
STREET ADDRESS	6038 BANIA WOOD CIRCLE		STREET ADDRESS	BOYNTON BEACH, FL 33436	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	S/D - LINDA LEONARD ☐ Change ☐ Addition	
NAME	LEONARD, LINDA		NAME	292 ACACIA COURT	
STREET ADDRESS	292 ACACIA CT		STREET ADDRESS	ROYAL PALM BEACH, FL 33411	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		THEO HARRIS, PRESIDENT		04/20/05 (561)683-4623	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	