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

03022005 Chg-NP CR2E037 (10/03)

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

VANA, SHELLEY
715 SPENCER DRIVE
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name: THEO HARRIS
Street Address (P.O. Box Number is Not Acceptable): 715 SPENCER DRIVE
City: WEST PALM BEACH, FL 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOPF, ED 3181 EMERSON AVENUE LAKE WORTH, FL 33461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D - THEO HARRIS 4237 B WOODS EDGE CIRCLE PALM BEACH GARDENS, FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KAY, KAREN 112 PLANTATION BLVD LAKE WORTH, FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D - ED KOPF 3181 EMERSON AVENUE LAKE WORTH, FL 33461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VANA, SHELLEY 6038 BANIA WOOD CIRCLE LANTANA, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D - DAVE GALLO 4247 JUNIPER TERRACE BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEONARD, LINDA 292 ACACIA CT WEST PALM BEACH, FL 33411	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D - LINDA LEONARD 292 ACACIA COURT ROYAL PALM BEACH, FL 33411	Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 #