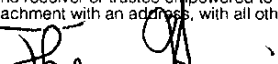


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90110 004 ****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		
02212006		Chg-NP		CR2E037 (11/05)	
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		
HARRIS, THEO 715 SPENCER DRIVE WEST PALM BEACH, FL 33409			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ 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, 2006		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	PD HARRIS, THEO 4237 B WOODS EDGE CIRCLE PALM BEACH GARDENS, FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOPF, ED 3181 EMERSON AVENUE LAKE WORTH, FL 33461 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLO, DAVE 4247 JUNIPER TERRACE BOYNTON BEACH, FL 33436 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOB MANDEVILLE 4398 FLAX COURT PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONARD, LINDA 292 ACACIA CT WEST PALM BEACH, FL 33411 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGDALENA PAYNE 1605 NW 80th AVE. #24B MARGATE, FL 33063 ☒ 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 exemptions contained in Chapter 119, 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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/12/05 Daytime Phone # (561)683-4623		