2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

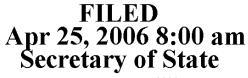
DOCUMENT #703535

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



Principal Place of Business

Mailing Address



04-25-2006 90110 004 ****70.00

4UV--

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				CTA) 	1 6 11 6 7 11		i	III(8) 6) (63)	
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02212006	Ch	g-NP	CF	R2E03	7 (11/05)		
City & State			City & State										ot Applicable	
Zip			Zip			tr y	5. Certificate of S			3,0,0,0			\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Register				int	-	<u> </u>		7. Name and	d Addr	ess of Nev	w Regist	tered A	gent	
HARRIS, THEO 715 SPENCER DRIVE WEST PALM BEACH, FL 33409				Street Address			ess (P	s (P.O. Box Number is Not Acceptable)						
					-	City						FL	Zip Coo	ie
8. The above the obligat	named entity tions of register	submits this statement for red agent.	the purpose of	changing its re	egistered	office or regi	gistere	d agent, or bo	oth, in th	he State of	Florida.		 amiliar with	, and accept
SIGNATURE .	Signature, typed or	printed name of registered agent a	nd title if applicable.	(NOTE: R	Registered A	gent signature req	equired w	when reinstating)	·		-	DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9.	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 DIR	ECTORS							0 TO 0 EE			COTODO II	110
			20.0.0	·	11.		AC	ODITIONS/CH	HANGE:	S TO OFFI	CERS A	ND DIR	ECTORS IN	* 10
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NAME	HARRIS, TI			Delete	TITLE NAME	-	AC	ODITIONS/CH	HANGE	S TO OFFI	CERS AF			
	HARRIS, TI 4237 B WO	HEO ODS EDGE CIRCLE CH GARDENS, FL 33] Delete	TITLE NAME	ADDRESS	AC	ODITIONS/CH	HANGE	S TO OFFI	CERS A			
NAME Street adoress	HARRIS, TI 4237 B WO	ODS EDGE CIRCLE	410	Delete	TITLE NAME STREET		AC	DOITIONS/CH	HANGE	S TO OFFI	CERS AF			
NAME STREET ADORESS CITY-ST-ZIP	HARRIS, TI 4237 B WO PALM BEA	ODS EDGE CIRCLE	410		TITLE NAME STREET A CITY-ST		AC	DDITIONS/CH	HANGE	STOOFFI	CERS AF		☐ Change	☐ Addition
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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 I SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEO HARRIS, PRESIDENT 04/12/05 (561)683-4623
OR DIRECTOR Daysme Proce #