

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

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**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**HARRIS, THEO
715 SPENCER DRIVE
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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

2/5/07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000628361
02/16/07-80012-015 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HARRIS, THEO
4237 B WOODS EDGE CIRCLE
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KOPF, ED
3181 EMERSON AVENUE
LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MANDEVILLE, BOB
4398 FLAX COURT
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PAYNE, MAGDALENA
1605 NW 80TH AVE., #24B
MARGATE, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HELENE SAMANGO,
EXECUTIVE DIRECTOR**

1/31/07

DATE

(561)683-4623

DAYTIME PHONE #