

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90031 022 \*\*\*\*70.00

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 703535</b>                                                         |  |
| 1. Entity Name<br><b>PALM BEACH COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                                          |                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>PALM BEACH COUNTY CTA, INC<br/>715 SPENCER DRIVE<br/>WEST PALM BEACH FLA, FL 33409</b> | Mailing Address<br><b>ATTN: OFFICE MGR., PALM BEACH COUNTY CTA<br/>715 SPENCER DRIVE<br/>WEST PALM BEACH, FL 33409</b> |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

40016404



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

01112008 Chg-NP CR2E037 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-0979227</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|----------------------------------------------------------------------|---------------------------------------|

|                                                                         |  |                                                    |          |
|-------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                         |  | 7. Name and Address of New Registered Agent        |          |
| <b>HARRIS, THEO<br/>715 SPENCER DRIVE<br/>WEST PALM BEACH, FL 33409</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

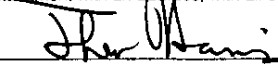
**Filing Fee is \$61.25  
Due by May 1, 2008**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HARRIS, THEO<br>4237 B WOODS EDGE CIRCLE<br>PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>KOPF, ED<br>3181 EMERSON AVENUE<br>LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>KATHRYN GUNDLACH<br>121 PARK LANE EAST<br>LANTANA, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MANDEVILLE, BOB<br>4398 FLAX COURT<br>PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>PAYNE, MAGDALENA<br>1605 NW 80TH AVE., #24B<br>MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>MARY LOU FITZPATRICK<br>4084 ASTER COURT<br>LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 01/22/08 (561)683-4623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #