2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703535

FILED Feb 19, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

PALM BEACH COUNTY CTA, INC PALM BEACH COUNTY CTA, INC 715 SPENCER DRIVE 715 SPENCER DRIVE

WEST PALM BEACH FLA, FL 33409 WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-0979227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: HARRIS, THEO

715 SPENCER DRIVE WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name and Address of New Registered Agent:

(X) Change () Addition () Delete

HARRIS, THEO DOW, ROBERT PRES. Name: Name: 4237 B WOODS EDGE CIRCLE Address: P.O. BOX 1076 Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete Title: (X) Change () Addition GUNDLACH, KATHRYN Name: GUNDLACH, KATHRYN V-PRES Name: Address: 121 PARK LANE EAST Address: 121 PARK LANE EAST

City-St-Zip: LANTANA, FL 33462 City-St-Zip: LANTANA, FL 33462

Title: () Delete Title: (X) Change () Addition MANDEVILLE, BOB MANDEVILLE, BOB TREAS Name: Name: Address: 4398 FLAX COURT Address: 4398 FLAX COURT

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

() Delete Title: SD Title: SD (X) Change () Addition FITZPATRICK, MARY LOU Name: Name: MERANDA, MARY LOU SEC Address: 4084 ASTER COURT Address: 1028 UPLAND ROAD City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DOW PD 02/19/2009