

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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, FL 33409**

Mailing Address
**PALM BEACH COUNTY CTA, INC
715 SPENCER DRIVE
WEST PALM BEACH, FL 33409**

FILED
09 DEC 15 AM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12042009 Chg-NP CR2E037 (11/08)

City & State

City & State

4. FEI Number
59-0979227

Applied For
Not Applicable

Zip

Country

Zip

Country

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
HELENE SAMANGO

Street Address (P.O. Box Number is Not Acceptable)
384-2 PRESTWICK CR.

City
PALM BEACH GARDENS

FL Zip Code
33418

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

Amended AR is \$61.25

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

TITLE PD ☐ Delete
NAME DOW, ROBERT PRES.
STREET ADDRESS P.O. BOX 1076
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VD ☐ Delete
NAME GUNDLACH, KATHRYN V-PRES
STREET ADDRESS 121 PARK LANE EAST
CITY-ST-ZIP LANTANA, FL 33462

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

TITLE SD ☒ Delete
NAME MERANDA, MARY LOU SEC
STREET ADDRESS 1028 UPLAND ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**200163618803
12/15/09--01032--025 **70.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME ENOS, MICHELLE, SEC
STREET ADDRESS 15591 75th LANE N.
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12/10/09 (561)683-4623

Date

Daytime Phone #

12/16/09