2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 09, 2005 8:00 am Secretary of State DOCUMENT # N01000005926 1. Entity Name 08-09-2005 90003 022 ****70 00 COMMUNITY BACK TO SCHOOL BASH, INC. Principal Place of Business Mailing Address C/O ADOPT-A-FAMILY OF THE PALM BEACHE 1712 SECOND AVENUE NORTH LAKE WORTH FL 33460 C/O ADOPT-A-FAMILY OF THE PALM BEACHE 1712 SECOND AVENUE NORTH LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For 65-1141522 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALM BERTISCH, HARREEN Street Address (P.O. Box Number is Not Acceptable) C/O LEGAL AID SOCIETY OF PARLM BEACH CO. 423 FERN STREET, STE. 200 Legal Aid Society of Palm Beach County, Inc. WEST PALM BEACH FL 33401 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPPETT, WENDY TITLE ☐ Delete TITLE Change ☐ Addition 1712 2ND AVE N NAME NAME STREET ADDRESS LAKE WORTH FL 33460 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SWINDLER, JULIE TITLE Del ete TITLE ☐ Change Addition NAME 1720 E TIFFANY DR SUITE 101 NAME STREET ADDRESS WEST PALM BEACH FL 33407 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE BERTISCH, HARREEN ☐ Delete THILE ☐ Change Addition 423 FERN ST STE 200 NAME STREET ADDRESS WEST PALM BEACH FL 33401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DS POSTI, KRISTEN Georgia Rose TITLE Delete TITLE ☐ Addition 4964 WEDGEWOOD WAY NAME NAME 1712 2nd Avenue N WEST PALM BEACH FL 33417 STREET ADDRESS STREET ADDRESS Lake Worth, Florida 33460 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. August 1,2005 Harreen Bertisch

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

FILED