


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90075 017 ****70.00

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1. Entity Name
COMMUNITY BACK TO SCHOOL BASH, INC.



Principal Place of Business
C/O ADOPT-A-FAMILY OF THE PALM BEACHES
1712 SECOND AVENUE NORTH
LAKE WORTH, FL 33460

Mailing Address
C/O ADOPT-A-FAMILY OF THE PALM BEACHES
1712 SECOND AVENUE NORTH
LAKE WORTH, FL 33460

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

Suite, Apt. #, etc.

City & State

Zip Country

4017-



07062007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1141522

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERTISCH, HARREEN
C/O LEGAL AID SOCIETY OF PALM BEACH CO.
423 FERN STREET, STE. 200
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 _____
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 September 14, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROSE, GEORGIA 1712 2ND AVE N LAKE WORTH, FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWINDLER, JULIE 1720 E TIFFANY DR SUITE 101 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERTISCH, HARREEN 423 FERN ST STE 200 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SARACO, STEPHANIE 901 PENINSULA CORP. CIR BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: Harreen Bertisch / Harreen Bertisch 7/6/07 561-655-8444 x257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #