

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005926

FILED
Mar 31, 2008
Secretary of State

Entity Name: COMMUNITY BACK TO SCHOOL BASH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1141522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROSE, GEORGIA
Address: 1712 2ND AVE N
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: SWINDLER, JULIE
Address: 1720 E TIFFANY DR SUITE 101
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DT () Delete
Name: BERTISCH, HARREEN
Address: 423 FERN ST STE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS () Delete
Name: SARACO, STEPHANIE
Address: 901 PENINSULA CORP. CIR
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SARACO, STEPHANIE
Address: 1143 GOLDENROD ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: VD (X) Change () Addition
Name: BOND, MARIA
Address: 4100 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BIRCH, NEIL
Address: 626 NORTH DIXIE HIGHWAY
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: HARREEN BERTISCH

DT

03/31/2008

Electronic Signature of Signing Officer or Director

Date