2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005926

Entity Name: COMMUNITY BACK TO SCHOOL BASH, INC.

Apr 30, 2009 Secretary of State

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

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

New Mailing Address: Current Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Name:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete SARACO, STEPHANIE BERTISCH, HARREEN Name: 1143 GOLDENROD ROAD Address: **423 FERN STREET** Address:

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD Title: (X) Change () Addition () Delete

BOND, MARIA Name: RAMOS, DANIEL Name: Address: 4100 OKEECHOBEE BLVD. Address: 1318 HENRIETTA AVENUE

City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Delete Title: DT (X) Change () Addition

BERTISCH, HARREEN BOND, MARIA Name: Name: Address: 423 FERN ST STE 200 Address: 4100 OKEECHOBEE BLVD.

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33409

() Delete (X) Change () Addition Title: DS Title: DS

BIRCH, NEIL Name: Name: SARACO, STEPHANIE

901 PENINSULA CORPORATE CIRCLE Address: 626 NORTH DIXIE HIGHWAY Address:

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: BOCA RATON, FL 33487

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 MS. 04/30/2009