FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05227 (6)

1. Corporation Name
CITIES IN SCHOOLS OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
114 NORTH J STREET 2ND FLOOR LAKE WORTH FL 33460-3354	114 NORTH J STREET 2ND FLOOR LAKE WORTH FL 33460-3354

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1984
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2516164 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SILBER, ILENE SOLOMON
114 NORTH J ST.
2ND FLOOR
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Ilene Solomon Silber 1.26.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	COMPIANI, FRANK
STREET ADDRESS	1555 P. B. LAKES BLVD., #1400
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	~~VP~~ C
NAME	DAVIS, JOHN MAX
STREET ADDRESS	1501 NORTHPOINT PKY, SUITE 105
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TD
NAME	SHEARIN, NORMAN W
STREET ADDRESS	1501 NW 15TH CT.
CITY-ST-ZIP	BOCA RATON FL
TITLE	ED
NAME	SILBER, ILENE SOLOMON
STREET ADDRESS	114 NORTH J ST. 2ND FLOOR
CITY-ST-ZIP	LAKE WORTH FL
TITLE	CFOD
NAME	MARSH, GREGORY A.
STREET ADDRESS	500 NW 12TH AVE.
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	☑ Change ☐ Addition
1.2 NAME	COMPIANI, FRANK	
1.3 STREET ADDRESS	1555 P.B. LAKES BLVD #1400	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
2.1 TITLE	CD	☑ Change ☐ Addition
2.2 NAME	DAVIS, JOHN MAX	
2.3 STREET ADDRESS	1501 NORTHPOINT PKY, SUITE 105	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
3.1 TITLE	SD	☑ Change ☐ Addition
3.2 NAME	SHEARIN, NORMAN W	
3.3 STREET ADDRESS	1501 NW 15TH CT	
3.4 CITY-ST-ZIP	BOCA RATON, FL	
4.1 TITLE	ED	☑ Change ☐ Addition
4.2 NAME	SILBER, ILENE SOLOMON	
4.3 STREET ADDRESS	114 NORTH J STREET	
4.4 CITY-ST-ZIP	LAKE WORTH, FL	
5.1 TITLE	VC	☐ Change ☑ Addition
5.2 NAME	PETERSON, WILLIAM	
5.3 STREET ADDRESS	P.O. BOX 24612 / FAIRFIELD DRIVE/N/A	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ilene Solomon Silber 407-582-0820 1.26.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ILENE SOLOMON SILBER

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