FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **09/19/1984**

3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business
21: 114 NORTH J STREET
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 114 NORTH J STREET
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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): 114 NORTH J STREET
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	11 TITLE	VD	☒ Change ☐ Addition
NAME	COMPIANI, FRANK		12 NAME		
STREET ADDRESS	1555 P. B. LAKES BLVD., #1400		13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		14 CITY-ST-ZIP	33401	
TITLE	CD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOHN MAX		22 NAME		
STREET ADDRESS	1501 NORTHPOINT PKY, SUITE 105		23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SHEARIN, NORMAN W		32 NAME		
STREET ADDRESS	1501 NW 15TH CT.		33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP	33432	
TITLE	ED	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	SILBER, ILENE SOLOMON		42 NAME		
STREET ADDRESS	114 NORTH J ST. 2ND FLOOR		43 STREET ADDRESS	114 NORTH J STREET	
CITY-ST-ZIP	LAKE WORTH FL		44 CITY-ST-ZIP	33460	
TITLE	CFOD	☒ DELETE	51 TITLE	CFOD	☐ Change ☒ Addition
NAME	MARSH, GREGORY A.		52 NAME	ROBERT E. HILSON	
STREET ADDRESS	500 NW 12TH AVE.		53 STREET ADDRESS	1555 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL		54 CITY-ST-ZIP	WEST PALM BEACH, FL 33401-2377	
TITLE	VD	☐ DELETE	61 TITLE	CD	☒ Change ☐ Addition
NAME	PETERSON, WILLIAM		62 NAME		
STREET ADDRESS	PO BOX 24612 N/A		63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		64 CITY-ST-ZIP	33416	

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)(k), 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 Silber Solomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
Date

(407)582-0820
Daytime Phone #

CR2E037 (12/95)