

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N05227** (6)
1. Corporation Name
COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC

Principal Place of Business 114 N J STREET LAKE WORTH FL 33460-3354 US	Mailing Address 114 N J STREET LAKE WORTH FL 33460-3354 US
--	--



3. Date Incorporated or Qualified 09/19/1984	3a. Date of Last Report 04/29/1996
--	--

2. Principal Place of Business [REDACTED]	2a. Mailing Address [REDACTED]	4. FEI Number 59-2516164	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

7. 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 STREET 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME COMPIANI, FRANK	1.1 TITLE CD	1.2 NAME ROSS, DAVID
STREET ADDRESS 1555 P. B. LAKES BLVD., #1400	CITY-ST-ZIP WEST PALM BEACH FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE CFOD	NAME HILSON, ROBERT E	2.1 TITLE TD	2.2 NAME ROSS, DAVID
STREET ADDRESS 1555 PALM BEACH LAKES BLVD	CITY-ST-ZIP WEST PALM BEACH FL	2.3 STREET ADDRESS 501 EAST LAS OLAS BLVD, 4th Floor	2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33301
TITLE SD	NAME SHEARIN, NORMAN W	3.1 TITLE	3.2 NAME
STREET ADDRESS 1501 NW 15TH CT.	CITY-ST-ZIP BOCA RATON FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE ED	NAME SILBER, ILENE SOLOMON	4.1 TITLE	4.2 NAME
STREET ADDRESS 114 NORTH J STREET	CITY-ST-ZIP LAKE WORTH FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE CD	NAME PETERSON, WILLIAM	5.1 TITLE	5.2 NAME
STREET ADDRESS PO BOX 24612 N/A	CITY-ST-ZIP WEST PALM BEACH FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE VD	NAME JOAN WILLIAMS	6.1 TITLE	6.2 NAME
STREET ADDRESS 2139 PALM BEACH LAKES BLVD.	CITY-ST-ZIP WEST PALM BEACH, FL 33409	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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 as an attachment with an address.

SIGNATURE: *[Signature]* **4/23/97** (561) 582-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039084

CR2E037 (9/96)