

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90037 021 ****61.25

0045558

DOCUMENT # **N05227**

1. Corporation Name

COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC

* 1 117188 7 90037 21 8 *

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/19/1984

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | CD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COMPIANI, FRANK | 1.2 NAME | Williams, Joan |
| STREET ADDRESS | 1555 P. B. LAKES BLVD., #1400 | 1.3 STREET ADDRESS | 2139 Palm Beach Lakes Blvd. |
| CITY-ST-ZIP | WEST PALM BEACH FL | 1.4 CITY-ST-ZIP | West Palm Beach, FL 33409 |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSS, DAVID | 2.2 NAME | |
| STREET ADDRESS | 501 EAST LAS OLAS BLVD 4TH FLOOR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLEASON, JODY | 3.2 NAME | |
| STREET ADDRESS | 1131 N PALM WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 3.4 CITY-ST-ZIP | |
| TITLE | ED <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILBER, ILENE SOLOMON | 4.2 NAME | |
| STREET ADDRESS | 114 NORTH J STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 4.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAMS, JOAN | 5.2 NAME | Abrihami, Margarita Pardo |
| STREET ADDRESS | 2139 PALM BEACH LAKES BLVD | 5.3 STREET ADDRESS | 1016 N. Dixie Highway |
| CITY-ST-ZIP | WEST PALM BEACH FL | 5.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(561) 582-0820

Date

Daytime Phone #

CR2E037 (1/98)