

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90037 022 \*\*\*\*61.25

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<b>DOCUMENT # N93000005764</b> 1. Entity Name <b>PALM BEACH COUNTY SCHOOL DISTRICT STAFF ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 15964 WEST PALM BEACH, FL 33416</b>			Mailing Address <b>P.O. BOX 15964 WEST PALM BEACH, FL 33416</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>26-3067638</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PETERSON, ALONZO 921 FORESTERLA DR APT 2 LAKE PARK, FL 33403</b>			Name <b>Alonzo Peterson</b> Street Address (P.O. Box Number is Not Acceptable) <b>909 Lake Shore Dr. Apt #117</b> City <b>Lake Park</b> <b>FL</b> Zip Code <b>33403</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/8/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAW, CHUCK T</b> <b>2252 SOUNDINGS CYT</b> <b>GREENACRES, FL 33413</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Robert Riley</b> <b>239 WRA - GLENWOOD DR</b> <b>WEST PALM BEACH, FL 33414</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PETERSON, ALONZO</b> <b>921 FORESTERIA DR. APT Z</b> <b>WEST PALM BEACH, FL 33403</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Peterson, Alonzo</b> <b>909 Lake Shore Dr. Apt #117</b> <b>Lake Park, FL 33403</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NITOLLO, DOROTHY</b> <b>431 ACHORAGE LAKE</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROSS, ELLY</b> <b>169 N LAKESHORE DR</b> <b>LAKE WORTH, FL 33462</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Elly Bross</b> <b>169 N Lake Shore Dr</b> <b>Lake Worth, FL 33462</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/8/05</b> Daytime Phone # <b>(561) 687-7109</b>		