

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005343

FILED
Mar 26, 2009
Secretary of State

Entity Name: C.L.A.S.S. OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

241 NW 9TH AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

241 NW 9TH AVE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0865374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, FRANCES
241 NW 9TH AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: FRANCES CARTER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRAINGE, LILLIE
Address: 312 NW 10TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD () Delete
Name: FASHAW, VIOLA
Address: 2121 SE DORSON WAY
City-St-Zip: DELRAY BEACH, FL 33444

Title: FD () Delete
Name: MITCHELL, LILLIE
Address: 3513 BLVD CHATELAINE LN
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: CARTER, FRANCES
Address: 241 NW 9TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRAINGE, LAWRENCE JR
Address: 312 NW 10TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD (X) Change () Addition
Name: WHITE, CHARLOTTE
Address: 931 SW 20TH CT
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD (X) Change () Addition
Name: KING, LOUISE
Address: 222 NW 7TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/D () Change (X) Addition
Name: HOLLIDAY, ERNESTINE
Address: 40 NW 9TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES CARTER

D

03/26/2009

Electronic Signature of Signing Officer or Director

Date