

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006639

FILED
Apr 29, 2005
Secretary of State

Entity Name: PALM BEACH COUNTY WORLDCLASS SCHOOLS INC.

Current Principal Place of Business:

401 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

401 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0940800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, ALAN
9614 CYPRESS STREET
PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, ALAN
Address: 9614 CYPRESS ST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: WALK, GARY
Address: 515 N FLAGLER DRIVE 18TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: STEVENS, JEAN
Address: 2288 WINDSOR RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: JACKSON, JIM
Address: 3970 RCA BLVD., STE 7007
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: SHOOSHANI, MARGARET
Address: PO BOX 970125
City-St-Zip: BOCA RATON, FL 33497

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AL ADAMS

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date