## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703535** 

Entity Name: PALM BEACH COUNTY CLASSROOM TEACHERS'

ASSOCIATION, INC.

## **Current Principal Place of Business:**

PALM BEACH COUNTY CTA, INC 715 SPENCER DRIVE WEST PALM BEACH, FL 33409

## **Current Mailing Address:**

PALM BEACH COUNTY CTA, INC 715 SPENCER DRIVE WEST PALM BEACH, FL 33409

FEI Number: 59-0979227 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HARRIS, THEODIS 715 SPENCER DRIVE WEST PALM BEACH, FL 33409 US

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: THEODIS HARRIS 04/23/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title

**PRESIDENT** Title Title SECRETARY

Name KATZ, JUSTIN Name COSTELLO, KRISTYN

PALM BEACH COUNTY CTA, INC Address PALM BEACH COUNTY CLASSROOM Address

TEACHERS ASSOC, INC 715 SPENCER DRIVE 715 SPENCER DRIVE

City-State-Zip: WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 City-State-Zip:

VΡ Title

Name LONGHOFER, GORDON HARRIS, THEODIS Name

Address PALM BEACH COUNTY CTA, INC Address

PALM BEACH COUNTY CTA. INC 715 SPENCER DRIVE 715 SPENCER DRIVE

WEST PALM BEACH FL 33409 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33409

Title **TREASURER** Name SOKOL, BRAD

Address PALM BEACH COUNTY CTA. INC

715 SPENCER DRIVE

**EXECUTIVE DIRECTOR** 

City-State-Zip: WEST PALM BEACH FL 33409

I hereby 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 all other like empowered.

SIGNATURE: KATZ, JUSTIN Ρ 04/23/2021

**FILED** Apr 23, 2021

Secretary of State

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