

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005926

Entity Name: COMMUNITY BACK TO SCHOOL BASH, INC.

Current Principal Place of Business:

C/O FRIENDS OF FOSTER CHILDREN
4100 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

Current Mailing Address:

C/O FRIENDS OF FOSTER CHILDREN
4100 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409 US

FEI Number: 65-1141522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY BACK TO SCHOOL BASH
C/O FRIENDS OF FOSTER CHILDREN
4100 OKEECHOBEE BLVD
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: COMMUNITY BACK TO SCHOOL BASH

04/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TIPPETT, WENDY A
Address C/O FRIENDS OF FOSTER CHILDREN
 4100 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name SWINDLER, JULIE
Address C/O FRIENDS OF FOSTER CHILDREN
 4100 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33409

Title TREASURER
Name BOND, MARIA
Address C/O FRIENDS OF FOSTER CHILDREN
 4100 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY
Name RAMOS, DANIEL
Address C/O FRIENDS OF FOSTER CHILDREN
 4100 OKEECHOBEE BLVD
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: MARIA BOND

TREASURER

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date