

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90018 017 *****61.25

DOCUMENT # N01535

1. Entity Name

CRESTWOOD PERFORMING ARTS LEAGUE, INC.



Principal Place of Business

ROYAL PALM BEACH HIGH SCHOOL
10600 OKEECHOBEE BLVD
ROYAL PALM BEACH FL 33411
US

Mailing Address

CRESTWOOD PERFORMING ARTS LEAGUE
P.O. BOX 210336
ROYAL PALM BEACH FL 33421
US

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2662600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent *No change*

HUGHES, ELVIRA
117 DERBY LANE
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **RS** ☐ Delete
NAME **MORRISON, FITZ**
STREET ADDRESS **129 CORDOBA CIRCLE**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **PD** ☐ Delete
NAME **HUGHES, ELVIRA**
STREET ADDRESS **117 DERBY LANE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **VD** ☐ Delete
NAME **ULRICH, CLOVER**
STREET ADDRESS **7080 GILA LANE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TD** ☐ Delete
NAME **WILSON, HYACINTH**
STREET ADDRESS **1505 LAKE VIEW DR**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **SC** ☐ Delete
NAME **RUBIN, ESTELLE**
STREET ADDRESS **1801 CORSICA DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Elvira R. Hughes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04 (561)793-2984
Date Daytime Phone #