

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004313
 1. Entity Name
CORAL SHORES ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business Mailing Address
 216 PEARL AVE 216 PEARL AVE
 TAVERNIER, FL 33070 TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 71-0891657 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULICK, NICHOLAS W
 91645 OVERSEAS HWY
 TAVERNIER, FL 33070

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000089337
 03/15/04-80088-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PANSE, MARCIA
STREET ADDRESS	216 PEARL AVE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	P
NAME	DIONNE, BERNICE
STREET ADDRESS	177 N COCONUT LN
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	BIONDOLETTI, TRISH
STREET ADDRESS	256 JASMINE ST
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	SELF, CINDY
STREET ADDRESS	68 BASS AVE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marcia Panse* Marcia Panse 2/24/04 305-451-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #