

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009307

**Entity Name:** CORAL SPRINGS CHARTER SCHOOL BAND BOOSTERS, INC

**FILED**  
**Mar 21, 2020**  
**Secretary of State**  
**6440470378CC**

**Current Principal Place of Business:**

3205 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3205 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

**FEI Number: 20-1197310**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FERNANDEZ, MARISA  
3205 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARCHETTI, MAYRA  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            VP  
Name            BLACK, CHANDLER  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            TREASURER  
Name            KAUFMAN, LANEY  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            SECRETARY  
Name            BALDWIN, MARIANA  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            D  
Name            FERNANDEZ, MARISA  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            ASST. TREASURER  
Name            GEORGE, RACHEL  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            ASST. TREASURER  
Name            MARTINEZ, LINA  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            OFFICER  
Name            IRRIZARY, VERONICA  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

**Continues on page 2**

*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: LANEY KAUFMAN**

**TREASURER**

**03/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            HARRISON, JOHN  
Address        3205 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065