

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90006 040 ****61.25

DOCUMENT # 737520

1. Entity Name
CORAL SPRINGS BAND PARENTS ASSOC., INC.



Principal Place of Business
**CORAL SPRINGS HIGH SCHOOL
SAMPLE ROAD
CORAL SPRINGS, FL 33067 US**

Mailing Address
**PO BOX 670222
CORAL SPRINGS, FL 33067 US**

14023490



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0878564

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KIRSCHBROWN, LEE
6180 SEMINOLE TERRACE
MARGATE, FL 33063**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME SLAUSON, JANET
STREET ADDRESS 3168 NW 66TH LANE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE PD ☐ Change ☐ Addition
NAME CAROLYN CAREY
STREET ADDRESS 6341 NW 35th Drive
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE 1VPD ☒ Delete
NAME JOHNSON, LINDA
STREET ADDRESS 2531 NW 83RD WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE 1VPD ☐ Change ☐ Addition
NAME ESTHER LOPEZ
STREET ADDRESS 7064 WOODMONT AVE
CITY-ST-ZIP TAMARAC FL 33321

TITLE 2VD ☒ Delete
NAME SER, JAN
STREET ADDRESS 4150 NW 73RD WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE 2VPD ☐ Change ☐ Addition
NAME RANDEE KIRSCHBROWN
STREET ADDRESS 6180 SEMINOLE TERR
CITY-ST-ZIP MARGATE FL 33063

TITLE SD ☒ Delete
NAME CINFRON, CAROL
STREET ADDRESS 5024 NW 58TH TERR
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE SD ☐ Change ☐ Addition
NAME SANDY BRADY
STREET ADDRESS 8524 NW 45th St
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE TD ☐ Delete
NAME KIRSCHBROWN, LEE
STREET ADDRESS 6180 SEMINOLE TERRACE
CITY-ST-ZIP MARGATE, FL 33063

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

TITLE ATD ☒ Delete
NAME GRUENBAUM, MARILYN
STREET ADDRESS 5433 NW 86TH WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ATD ☐ Change ☐ Addition
NAME DONNA MARKS
STREET ADDRESS 6995 NW 29 CT
CITY-ST-ZIP MARGATE FL 33063

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:

Lee S. Kirschbrown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/04 954-970-6871
Daytime Phone #