

**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**



MOORE CR2E037 (11/03)

2. Principal Place of Business: **AS ABOVE**

3. Mailing Address: **AS ABOVE**

Suite, Apt. #, etc. (Empty)

City & State (Empty)

Zip (Empty) Country (Empty)

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
**HUGHES, ELVIRA
117 DERBY LANE
ROYAL PALM BEACH FL 33411**

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

Name (Empty)

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

City: **FL** Zip Code (Empty)

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	<input type="checkbox"/> Delete
NAME	MORRISON, FITZ	
STREET ADDRESS	129 CORDOBA CIRCLE	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHES, ELVIRA	
STREET ADDRESS	117 DERBY LANE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ULRICH, CLOVER	
STREET ADDRESS	7080 GILA LANE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, HYACINTH	
STREET ADDRESS	1505 LAKE VIEW DR	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	SC	<input type="checkbox"/> Delete
NAME	RUBIN, ESTELLE	
STREET ADDRESS	1801 CORSICA DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 **3/23/04** **(561) 793-2984**

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