


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90020 028 \*\*\*\*61.25

<b>DOCUMENT # N01535</b>					
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 - No P.O. Box # <i>As above</i>		3. Mailing Address <i>As above</i>		01172008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2662600	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PELTZMACHER, GEORGE 172 SARITA CT. 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, ELVIRA		NAME		
STREET ADDRESS	117 DERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOGAN, LAWRENCE		NAME		
STREET ADDRESS	100 KINGS WAY		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, HYACINTH		NAME		
STREET ADDRESS	1505 LAKE VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411		CITY-ST-ZIP		
TITLE	SC	<input checked="" type="checkbox"/> Delete	TITLE <del>SC</del>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBIN, ESTELLE		NAME	<i>SC PITTMAN, JOY</i>	
STREET ADDRESS	1801 CORSICA DRIVE		STREET ADDRESS	<i>3774 WOODS WALK BLVD</i>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<i>LAKE WORTH, FL 33467</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PELTZMACHER, GEORGE		NAME		
STREET ADDRESS	172 SARITA CT		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Elvira R Hughes</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					