


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90155 016 ****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**

2. Principal Place of Business *As above*

3. Mailing Address *As ABOVE*

Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NIelsen, RICHARD
152 KAPOK CRESCENT
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name **HUGHES, ELVIRA**
Street Address (P.O. Box Number is Not Acceptable)
117 DERBY LANE
ROYAL PALM BEACH, FL 33411
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 *Elvira Hughes* DATE **4/14/03**

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

FILE NOW: FEE IS \$61.25

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	VD	<input type="checkbox"/> Delete
NAME	HUGHES, DOLLY	
STREET ADDRESS	117 DERBY LANE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NIelsen, RICHARD	
STREET ADDRESS	152 KAPOK CRESCENT	
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 checked="" type="checkbox"/> Delete
NAME	RYAN, PEG	
STREET ADDRESS	331 PENNINGTON COURT	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	LEE, BERK	
STREET ADDRESS	117 RAMBLEWOOD CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ELVIRA	
STREET ADDRESS	117 DERBY LANE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULRICH, CLOVER	
STREET ADDRESS	7080 GILA LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, ESTELLE	
STREET ADDRESS	1701 CORSICA DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
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: **SIGNATURE REQUIRED** *Elvira Hughes* 561-793-2984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)