


**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

*Amended*

05 AUG 11 AM 9:56

DOCUMENT # N02000000211			
1. Entity Name CORAL SPRINGS REPUBLICAN CLUB, INC.			
Principal Place of Business 4975 NW 106TH WAY CORAL SPRINGS, FL 33076		Mailing Address 4975 NW 106TH WAY CORAL SPRINGS, FL 33076	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RIVERNIDER, ROBERT 4975 NW 106TH WAY CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name: <i>Law Offices of Timothy D. Lucero, P.A.</i> Street Address (P.O. Box Number is Not Acceptable): <i>1515 University Drive Suite 111</i> City: <i>Coral Springs, FL</i> FL Zip Code: <i>33071</i>	
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: <i>Timothy D. Lucero, T.D.</i>		DATE: <i>4/15/2005</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		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	RIVERNIDER, ROBERT	NAME	<i>PD E. KENBERG JOSEPH H.</i>
STREET ADDRESS	4975 NW 106TH WAY	STREET ADDRESS	<i>4975 N.W. 106th Way, Coral Springs 33076</i>
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIKENBERG, JOSEPH H	NAME	<i>SIEGEL JAY H.</i>
STREET ADDRESS	11151 N.W. 26TH. DR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERNLY, ARDIS	NAME	<i>TD Gonzalez Deborah R.</i>
STREET ADDRESS	10965 NW 71ST CT.	STREET ADDRESS	<i>4975 N.W. 106th Way, Coral Springs, FL</i>
CITY-ST-ZIP	PARKLAND, FL 33076	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>VD JAMES A PEROUS</i>
STREET ADDRESS		STREET ADDRESS	<i>4975 N.W. 106th Way, Coral Springs, FL</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<i>500058643635</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>08/16/05--01021--007 **\$1.25</i>
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 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: <i>Joyce N. E. [Signature]</i>		DATE: <i>4/15/2005</i>	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

*MITCHELL* AUG 15 2005