


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005133	
1. Entity Name CORAL SPRINGS FESTIVAL OF THE ARTS, INC.	

Principal Place of Business 1750 UNIVERSITY DRIVE 229 CORAL SPRINGS, FL 33071 US	Mailing Address 1750 UNIVERSITY DRIVE 3229 CORAL SPRINGS, FL 33071 US
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1152326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDS, SHIRLEY K 1750 UNIVERSITY DRIVE #229 CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE

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 reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, SHIRLEY K 1750 UNIVERSITY DRIVE #229 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAHAEL, GISELE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BRITE, PAUL 10197 RAMBLEWOOD DRIVE CORAL SPRINGS, FL 33071
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<p>100000389547</p> <p>01/20/06-80050-010 81.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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, 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: <u>Paul M. Brite</u>	Date: <u>01/13/06</u>	Daytime Phone #: <u>954-721-2889</u>
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