


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N04000005133 1. Entity Name CORAL SPRINGS FESTIVAL OF THE ARTS, INC. |  |
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| 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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01112007 No Chg-NP CR2E037 (4/06)

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

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| 6. Name and Address of Current Registered Agent RICHARDS, SHIRLEY K 1750 UNIVERSITY DRIVE #229 CORAL SPRINGS, FL 33071 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/16/07-00057-025 61.25

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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 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: _____ **Paul M. Brite** **01/11/07 954-721-2889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #