2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005133

FILED Feb 02, 2009 Secretary of State

Entity Name: CORAL SPRINGS FESTIVAL OF THE ARTS INC.

Current Principal Place of Business:			ness:	New Principal Place of Business:	
	/ERSITY DR O BEACH, FL	33065	US		
urrent N	lailing Addres	ss:		New Mailing Addres	ss:
	/ERSITY DR O BEACH, FL	33065	US		
El Number	: 20-1152326	FEI Nui	nber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Registered Agent:	Name and Address of New Registered Agent:	
ICHARD					
494 NW	S, SHIRLEY K 66 AVE O BEACH, FL		US		
494 NW OMPANG he above	66 AVE O BEACH, FL	33067		ourpose of changing its registere	ed office or registered agent, or botl
494 NW OMPANG he above	66 AVE D BEACH, FL e named entity e of Florida. RE:	33067 submits t	his statement for the p		
494 NW OMPANG he above the State	66 AVE D BEACH, FL e named entity e of Florida. RE:	33067 submits t nic Signa		ent	Date
494 NW OMPANG he above the State	66 AVE D BEACH, FL e named entity e of Florida. RE: Electron S AND DIREC	33067 submits t nic Signa stORS:) Delete HIRLEY K	his statement for the purchase ture of Registered Ago	ent	Date
494 NW OMPANG he above the State IGNATUI PFFICER: ttle: ame: ddress:	e named entity e of Florida. RE: Electror S AND DIRECT P (RICHARDS, SH 5494 NW 66 A' POMPANO BE	33067 submits to signate the signate that it is signate to signate the signate that is signated as the signate that is signated as the signate	his statement for the parties of Registered Agr	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M, BRITE S/T 02/02/2009