


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90046 007 ****61.25

DOCUMENT # N04000005520 1. Entity Name CORAL SPRINGS CHARTER SCHOOL BAND BOOSTERS, INC.						
Principal Place of Business 3205 N UNIVERSITY DRIVE COAL SPRINGS, FL 33065			Mailing Address 3205 N UNIVERSITY DRIVE COAL SPRINGS, FL 33065			
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 JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
Filing Fee is \$61.25 Due by May 1, 2005		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	DP BUDNICK, TAMARA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3205 NORTH UNIVERSITY DRIVE			NAME		
STREET ADDRESS	CORAL SPRINGS, FL 33065			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROSS, SHARI			NAME		
STREET ADDRESS	3205 NORTH UNIVERSITY DRIVE			STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, KIM			NAME		
STREET ADDRESS	3205 N UNIVERSITY DRIVE			STREET ADDRESS		
CITY-ST-ZIP	COAL SPRINGS, FL 33065			CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERARDI, THERESA			NAME		
STREET ADDRESS	3205 N UNIVERSITY DRIVE			STREET ADDRESS		
CITY-ST-ZIP	COAL SPRINGS, FL 33065			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUCKER, KAREN			NAME		
STREET ADDRESS	3205 N UNIVERSITY DRIVE			STREET ADDRESS		
CITY-ST-ZIP	COAL SPRINGS, FL 33065			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUKATA, JOHN			NAME		
STREET ADDRESS	3205 N UNIVERSITY DRIVE			STREET ADDRESS		
CITY-ST-ZIP	COAL SPRINGS, FL 33065			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/28/05 (954) 484-5533 <small>Date Daytime Phone #</small>		