


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90066 005 ****61.25

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|--|---|---|--|--|--|
| 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 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-1197310 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 FL Zip Code | |
| 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 reinstating) 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BUDNICK, TAMARA 3205 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Kim Rushfield 5645 N.W. 66 Ave. Coral Springs, FL 33067 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP GROSS, SHARI 3205 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Phylliss Cossette 6760 N.W. 27th Terrace Ft. Lauderdale, FL 33309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RUSSELL, KIM 3205 N UNIVERSITY DRIVE COAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Louisa Barbuto 7029 N.W. 75 Str. Parkland, FL 33067 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT GERARDI, THERESA 3205 N UNIVERSITY DRIVE COAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Head Fundraiser Karen Ducker 3205 N. University Drive Coral Springs, FL 33065 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUCKER, KAREN 3205 N UNIVERSITY DRIVE COAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUKATA, JOHN 3205 N UNIVERSITY DRIVE COAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete |
| 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: <u>Louisa Barbuto</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3-7-06 954-348-4123 Date Daytime Phone # | | |