


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90090 013 \*\*\*\*61.25

<b>DOCUMENT # N04000007449</b>					
1. Entity Name <b>CORAL SPRINGS CHARTER SCHOOL DRAMA CLUB BOOSTERS, INC.</b>					
Principal Place of Business 3205 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065			Mailing Address 3205 N UNIVERSITY DRIVE CORAL 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	4. FEI Number <b>20-1446211</b>	
				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  <b>CASTRO, SANDRA 3205 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065</b>				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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW: 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					
TITLE	D	CASTRO, SANDRA		<input type="checkbox"/> Delete	
NAME		3205 N UNIVERSITY DRIVE			
STREET ADDRESS		CORAL SPRINGS FL 33065			
CITY-ST-ZIP					
TITLE	D	DAVIS, JAMES E		<input type="checkbox"/> Delete	
NAME		3205 N UNIVERSITY DRIVE			
STREET ADDRESS		CORAL SPRINGS FL 33065			
CITY-ST-ZIP					
TITLE	D	PETIGROW, JENNIFER		<input type="checkbox"/> Delete	
NAME		3205 N UNIVERSITY DRIVE			
STREET ADDRESS		CORAL SPRINGS FL 33065			
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
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: <u><i>Sandra Castro</i></u> <b>4/22/05</b> <b>954-340-4120</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					