


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Feb 26, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # N04000007449</b> 1. Entity Name CORAL SPRINGS CHARTER SCHOOL DRAMA CLUB BOOSTERS, INC.	
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Principal Place of Business 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	Mailing Address 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1446211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CASTRO, SANDRA 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
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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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CASTRO, SANDRA
STREET ADDRESS	3205 N UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	DAVIS, JAMES E
STREET ADDRESS	3205 N UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
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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03/07/07-80047-001 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:** *Sandra Castro* Date 2/23/07 Daytime Phone # 954-340-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR