


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90023 044 ****61.25

DOCUMENT # N04000007449					
1. Entity Name CORAL SPRINGS CHARTER SCHOOL DRAMA CLUB BOOSTERS, INC.		Principal Place of Business 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5271 W. Leitner Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Springs FL			
Zip	Country	Zip	Country		
33067		33067	Florida		
6. Name and Address of Current Registered Agent CASTRO, SANDRA 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: Sherrie Bourg Carter Street Address (P.O. Box Number is Not Acceptable): 5271 W. Leitner Dr. City: Coral Springs FL Zip Code: 33067			
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: <i>Sherrie Carter</i>		DATE: 3/7/08			
Filing Fee is \$61.25 Due by May 1, 2008		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	D CASTRO, SANDRA 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE	President Sherrie Bourg Carter 5271 W. Leitner Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DAVIS, JAMES E 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE	Vice President Donna Ludwig 3205 N. University Dr. Coral Springs FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sherrie Carter</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sherrie Carter		DATE: 3/7/08	
				Daytime Phone #: 954-980-0544	

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4. FEI Number 20-1446211 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required