## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007449

FILED Jun 01, 2009 Secretary of State

Entity Name: CORAL SPRINGS CHARTER SCHOOL DRAMA CLUB BOOSTERS, INC.

Current P	rincipal Place of Business:	New Prince	New Principal Place of Business:	
	IIVERSITY DRIVE PRINGS, FL 33065			
Current Mailing Address:		New Maili	New Mailing Address:	
	EITNER DR PRINGS, FL 33067			
In accordan	: 20-1446211 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no Address of Current Registered Agent:	-		
CARTER, 5271 W. LI	SHERRIE B EITNER DR PRINGS, FL 33067 US	Nume und	Address of New Registered Agent.	
	named entity submits this statement for the $\ensuremath{\wp}$ e of Florida.	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	P ( ) Delete CARTER, SHERRIE B 5271 W. LEITNER CORAL SPRINGS, FL 33067  VP ( ) Delete LUDWI, DONNA 3205 N. UNIVERSITY DR CORAL SPRINGS, FL 33065  ( ) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	P (X) Change ( ) Addition LEE, CHRISTY B 5271 W. LEITNER CORAL SPRINGS, FL 33067  VP (X) Change ( ) Addition LUDWIG, DONNA 3205 N. UNIVERSITY DR CORAL SPRINGS, FL 33065  VP ( ) Change (X) Addition SIEGAL, LINDA 3205 N. UNIVERSITY DRIVE	
City-St-Zip: Title: Name: Address: City-St-Zip:	()Delete	City-St-Zip: Title: Name: Address: City-St-Zip:	CORAL SPRINGS, FL 33065  SEC ( ) Change (X) Addition FREEMAN, MARCI 3205 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	TREA ( ) Change (X) Addition ABBOTT, LISA 3205 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA LUDWIG VP 06/01/2009