
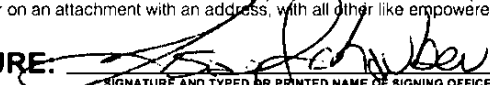


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90033 045 \*\*\*\*61.25

<b>DOCUMENT # N05000001151</b> 1. Entity Name <b>CORAL GLADES BAND AND COLOR GUARD BOOSTER ASSN. INC.</b>					
Principal Place of Business <b>429 NW 120 DRIVE CORAL SPRINGS, FL 33071</b>			Mailing Address <b>429 NW 120 DRIVE CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHAUBEN, LISA 429 NW 120 DRIVE CORAL SPRINGS, FL 33071</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, ELAINE		NAME		
STREET ADDRESS	12660 MAGNOLIA COURT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAUBEN, LISA		NAME		
STREET ADDRESS	429 NW 120 DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRAUNSTEIN, ELLIS		NAME	<b>NIXON, MARYANN</b>	
STREET ADDRESS	317 NW 119 DRIVE		STREET ADDRESS	<b>3162 NW 114 LN</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NIXON, MARYANN		NAME	<b>LAURA SPILLER</b>	
STREET ADDRESS	3162 NW 114 LANE		STREET ADDRESS	<b>559 LAKEVIEW DRIVE</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>LISA SCHAUBEN</b>		
			Date <b>1/20/06</b> Daytime Phone # <b>954.346.9363</b>		