## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001151

FILED Feb 11, 2007 Secretary of State

Entity Name: CORAL GLADES BAND AND COLOR GUARD BOOSTER ASSN. INC.

**Current Principal Place of Business: New Principal Place of Business:** 429 NW 120 DRIVE CORAL SPRINGS, FL 33071 **Current Mailing Address: New Mailing Address:** 429 NW 120 DRIVE CORAL SPRINGS, FL 33071 FEI Number: 20-1369804 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHAUBEN, LISA 429 NW 120 DRIVE CORAL SPRINGS, FL 33071 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition REYES, ELAINE REYES, ELAINE Name: Name: Address: 12660 MAGNOLIA COURT Address: 12660 MAGNOLIA COURT City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071 Title: Title: ( ) Delete () Change () Addition SCHAUBEN, LISA Name: Name: Address: 429 NW 120 DRIVE Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NIXON, MARYANN Name: NIXON, MARYANN Name: Address: 3162 NW 114 LN Address: 3162 NW 114 LN City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: (X) Delete Title: () Change () Addition Name: SPILLER, LAURA Name: Address: 559 LAKEVIEW DR Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA SCHAUBEN T 02/11/2007