2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N28781

Entity Name: CORAL SPRINGS COMMUNITY CHEST, INC.

Current Principal Place of Business:

2528 UNIVERSITY DRIVE, SUITE 117
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9891
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0087583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZILKA, RONALD
399 NW BOCA RATON BLVD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Title:	CC	( ) Delete
Name:	BERK, MAUREEN	
Address:	11979 EAGLE TRUCE BLVD N.	
City-St-Zip:	CORAL SPRINGS, FL 33971	
Title:	SD	( ) Delete
Name:	MIRABELLO, PAT	
Address:	9551W.SAMPLE RD	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	TD	( ) Delete
Name:	ZILKA, RONALD	
Address:	399 NW BOCA RATON BLVD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	PD	( ) Delete
Name:	BONY, MIKE	
Address:	2789 UNIVERSITY DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33065	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RONALD ZILKA TD 05/01/2004

Electronic Signature of Signing Officer or Director — Date