

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000598

1. Entity Name
CHAMBER SINGERS BOOSTER CLUB, INC.



Principal Place of Business
%WHISPERING PINES ELEMENTARY, MUSIC DIR.
18929 S.W. 89TH RD.
MIAMI, FL 33157

Mailing Address
%WHISPERING PINES ELEMENTARY, MUSIC DIR.
18929 S.W. 89TH RD.
MIAMI, FL 33157



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARVAJAL, TRISHA L
18933 SW 92 AVE
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHAVIANO, CHRISTINA
STREET ADDRESS	23945 SW 147 AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	DV
NAME	CARVAJAL, TRISHA
STREET ADDRESS	18933 SW 92 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	DS
NAME	ESTRADA, SUSAN
STREET ADDRESS	8812 SW 92 ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T
NAME	SMITH, LISA
STREET ADDRESS	8325 SW 172 ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000178267
01/12/05-80021-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trisha Carvajal

Date

1/10/05

Daytime Phone #

305-255-6027