2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

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DOCUMENT # N9800005781 1. Entity Name CORAL SPRINGS WRESTLING BOOSTER CLUB INC.					04-20-2003	70303 043	0.00
Principal Place of Business 2548 N.W. 91ST AVE. CORAL SPRINGS, FL 33065 US Address 2548 N.W. 91ST AVE. CORAL SPRINGS, FL 33065			65 US -		200387	08	
2. Principal Place of Business 8700 μ.ω. 49 tH D.L.		3. Mailing Address 8700 N.W. 49 th DR.			 	<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02072005	Chg-NP	CR2E037 (10/03)	
City & State SPRINGS, FL.		CORAL SPRINKS, FL.		4. FEI Numbe 65-0860			oplied For ot Applicable
Zip	Country	Zip	Country U.S.A	5. Certificate	of Status Desired	\$8.75 Add	
3-306-	6. Name and Address of Current F	33067——	~~ <i>U.</i> >/*	7. Name and	Address of New R		7U
				Name NAPDONE, CHRISTOPHER			
SACHAROW, JILL 2548 N.W. 91ST AVE.				Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS, FL 33065							
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	<u> </u>		City Co	RAL SPRI	NUES		067
	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or re	gistered agent, or bot	h, in the State of Flo	orida. I am familiar with,	, and accept
ine oongar	ions of registered agent.				_		
SIGNATURE	CHRISTOPHER	NARDONE	TD	EASURE	₹.	2/12/0	5
	Signature, typed or printed name of registered agent a		egistered Agent signature re			DATE	
	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)		DATE	
			egistered Agent signature re aign Financing	equired when reinstating) \$5.00 May B	e M		lo
10.	Signature, typed or printed name of registered agent a	9. Election Campa Trust Fund Con	egistered Agent signature re aign Financing	\$5.00 May B Added to Fees	e M Flori	DATE ake check payable t	io itate
	Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Campa Trust Fund Con	egistered Agent signature re aign Financing atribution.	\$5.00 May B Added to Fees ADDITIONS/CH	e M Flori	DATE ake check payable to the data department of S	io itate
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1a. I nevery certify that the information supplied with this filing does not qualify 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 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: CHRISTOPHER NAPONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/05 954-344-135

Daytime Phon