

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90028 018 ****70.00

DOCUMENT # N98000005781

1. Entity Name
CORAL SPRINGS WRESTLING BOOSTER CLUB INC.



Principal Place of Business
8700 NW 49TH DR
POMPANO BEACH, FL 33067 US

Mailing Address
8700 NW 49TH DR
POMPANO BEACH, FL 33067 US

2. Principal Place of Business
8305 N.W. 38TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
8305 N.W. 38TH STREET
 Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL.

City & State
CORAL SPRINGS, FL.

Zip
33065 Country
USA

Zip
33065 Country
USA



01112006 Chg-NP CR2E037 (11/05)

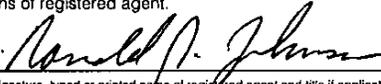
4. FEI Number
65-0866057 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NARDONE, CHRISTOPHER
8700 NW 49TH DR
POMPANO BEACH, FL 33067

7. Name and Address of New Registered Agent
 Name
JOHNSON, RONALD
 Street Address (P.O. Box Number is Not Acceptable)
8305 N.W. 38TH STREET
 City
CORAL SPRINGS FL Zip Code
33065

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  **RONALD JOHNSON, TREASURER** DATE **4/1/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

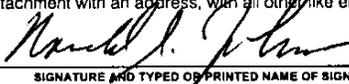
Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PICKHOLTZ, PEG 3553 ORCHID DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SACHAROW, MARK 2548 N.W. 91ST AVE. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT NARDONE, CHRISTOPHER 8700 NW 49TH DR POMPANO BEACH, FL 33067 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D - TREASURER JOHNSON, RONALD 8305 N.W. 38 TH STREET CORAL SPRINGS, FL. 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS JAMES, PATTY 7805 N.W. 39TH ST. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT GODARD, RANDY 8580 NW 52ND PLACE POMPANO BEACH, FL 33067 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:  **RONALD JOHNSON** DATE **4/1/06** Daytime Phone # **954-344-1658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR