

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90221 012 \*\*\*\*70.00



**DOCUMENT # N05000007183**  
1. Entity Name  
**S.T.A.R.S. OF WEST ORANGE, INC.**

Principal Place of Business Mailing Address  
**2188 ALCLOBE CIRCLE** **2188 ALCLOBE CIRCLE**  
**OCOE FL 34761** **OCOE FL 34761**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
Zip Country Zip Country

4. FEI Number **20-3574921** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HEMBROOKE, CHESTA**  
**2188 ALCLOBE CIRCLE**  
**OCOE FL 34761**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 type of application (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D</b> <b>HEMBROOKE, CHESTA M</b> <b>2188 ALCLOBE CIRCLE</b> <b>OCOE FL 34761</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HEMBROOKE, JOSEPH C</b> <b>2188 ALCLOBE CIRCLE</b> <b>OCOE FL 34761</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>ROBERTSON, BARBARA</b> <b>17325 RAIN TREE COURT</b> <b>MONTVERDE FL 34756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANTHONY, RUTH ANNE</b> <b>1508 FULLER CROSS ROAD</b> <b>WINTER GARDEN FL 34787</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL, VALERIE</b> <b>10427 SMOKERISE LANE</b> <b>CLERMONT FL 34711</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNON, LINDA</b> <input checked="" type="checkbox"/> Delete <b>10510 EAGLES BLUFF COURT</b> <b>CLERMONT FL 34711</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Susan Brisbin</b> <b>9600 West Colonial Dr.</b> <b>OCOE FL 34761-6900</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lynette Fields</b> <b>4851 South Apopka-Vineland Road</b> <b>Orlando FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robertson, Barbara</b> <b>9600 West Colonial Dr.</b> <b>OCOE FL 34761-6900</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ruth Anne Anthony</b> <b>9600 W Colonial Drive</b> <b>OCOE FL 34761-6900</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Valerie Campbell</b> <b>9600 W Colonial Drive</b> <b>OCOE FL 34761-6900</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sheilla Johnson</b> <b>9600 W. Colonial Dr.</b> <b>OCOE FL 34761-6900</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Chesta M. Hembrooke* **CHESTA M. Hembrooke 5/1/2008 407-292-3559**

ATTACHMENT

40106865

#

**2008 Not-For-Profit Corporation Document @N05000007183  
Annual Report (AR)**

**ADDITIONAL DIRECTORS**

**ADDITION D**

Audrie Clark  
9600 West Colonial Drive  
Ocoee FL 34761-6900

**ADDITION D**

Teresa Dibiasio  
9600 West Colonial Drive  
Ocoee FL 34761-6900

**ADDITION D**

Rob Maphis  
9600 West Colonial Drive  
Ocoee FL 34761-6900

**ADDITION D**

Lawana Perry  
9600 West Colonial Drive  
Ocoee FL 34761-6900

**Total of 12 Directors**

Hembrooke  
Hembrooke  
Robertson  
Anthony  
Campbell

Listed on Page 1

Brisbin  
Fields  
Johnson

Added on Page 1

Clark  
Dibiasio  
Maphis  
Perry

Added above