

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007183

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC5293303241**

**Entity Name:** S.T.A.R.S. OF WEST ORANGE, INC.

**Current Principal Place of Business:**

9401 WEST COLONIAL DRIVE  
SUITE 106  
OCOEE, FL 34761-6803

**Current Mailing Address:**

9401 WEST COLONIAL DRIVE  
SUITE 106  
OCOEE, FL 34761-6803 US

**FEI Number:** 20-3574921

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DILLARD, DORCAS  
9401 WEST COLONIAL DRIVE  
SUITE 106  
OCOEE, FL 34761-6803 US

*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:** DORCAS DILLARD

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KENNEDY, BETH  
Address        9401 WEST COLONIAL DRIVE, SUITE  
                  106  
City-State-Zip:   OCOEE FL 34761-6803

Title           PRESIDENT  
Name           DILLARD, DORCAS  
Address        9401 WEST COLONIAL DRIVE  
                  SUITE 106  
City-State-Zip:   OCOEE FL 34761-6803

Title           DIRECTOR  
Name           DOBSON, VALERIE  
Address        9401 WEST COLONIAL DRIVE  
                  SUITE 106  
City-State-Zip:   OCOEE FL 34761-6803

Title           DIRECTOR  
Name           DOUGLAS, ALLISHA  
Address        9401 WEST COLONIAL DRIVE  
                  SUITE 106  
City-State-Zip:   OCOEE FL 34761-6803

Title           DIRECTOR  
Name           FRENCH, SANDRA  
Address        9401 WEST COLONIAL DRIVE  
                  SUITE 106  
City-State-Zip:   OCOEE FL 34761-6803

*I hereby 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 all other like empowered.*

**SIGNATURE:** BETH KENNEDY

TREASURER

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date