

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006861

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC9706301445**

**Entity Name:** STAR OF THE SEA FOUNDATION, INC.

**Current Principal Place of Business:**

5640 MALONEY AVE.  
KEY WEST, FL 33040

**Current Mailing Address:**

5640 MALONEY AVE.  
KEY WEST, FL 33040

**FEI Number: 30-0496670**

**Certificate of Status Desired: No**

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

CALLAHAN, THOMAS M  
5640 MALONEY AVE.  
KEY WEST, FL 33040 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MS.  
Name HUGHES-STERLING, ERICA  
HPRESIDE  
Address 500 FLEMING ST.  
City-State-Zip: KEY WEST FL 33040

Title MS.  
Name GOODRICH, DORIA HSEC  
Address 1201 SIMONTON ST.  
City-State-Zip: KEY WEST FL 33040

Title MR.  
Name CALLAHAN, THOMAS MDIR  
Address 822 GEORGIA ST.  
City-State-Zip: KEY WEST FL 33040

Title MR.  
Name BAKER, JOHN CDIR  
Address 1010 WINDSOR LN.  
City-State-Zip: KEY WEST FL 33040

Title MS.  
Name NOSSOV, PATRICIA ATREAS  
Address 12 PEARY CT.  
City-State-Zip: KEY WEST FL 33040

Title MS.  
Name ERICKSON, PATRICIA DIR  
Address 5640 MALONEY AVE.  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name BATTY, PETER H  
Address 912 GEORGIA ST.  
City-State-Zip: KEY WEST FL 33040

*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: THOMAS M. CALLAHAN**

**EXECUTIVE DIRECTOR**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date