# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800006861

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

# Name and Address of Current Registered Agent:

CALLAHAN, THOMAS M 5640 MALONEY AVE. KEY WEST, FL 33040 US Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

Olliool/Bilo			
Title	DIRECTOR	Title	PRESIDENT
Name	HUGHES-STERLING, ERICA ESQ.	Name	GOODRICH, DORIA H
Address	500 FLEMING ST.	Address	1201 SIMONTON ST.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040
Title	DIRECTOR	Title	DIRECTOR
Name	CALLAHAN, THOMAS M	Name	BAKER, JOHN C
Address	822 GEORGIA ST.	Address	1010 WINDSOR LN.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040
Title	TREASURER	Title	DIRECTOR
Name	NOSSOV, PATRICIA A	Name	BATTY, PETER H
Address	12 PEARY CT.	Address	912 GEORGIA ST.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040
Title	DIRECTOR	Title	DIRECTOR
Nama		Name	
Name	EDEN, NATHAN	Name	HUGHES, DANNY
Address	EDEN, NATHAN 302 SOUTHARD ST # 205	Address	512 FRONT ST
			512 FRONT ST

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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 01/19/2020

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 19, 2020 Secretary of State 8121754322CC

Date

# **Officer/Director Detail Continued :**

Title	SECRETARY	
Name	HELMERICH, MATTHEW	
Address	5640 MALONEY AVE.	
City-State-Zip:	KEY WEST FL 33040	