

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011110

**Entity Name:** LODESTAR CHILDREN HOME ASSOCIATION, INC.

**FILED**  
**Mar 07, 2019**  
**Secretary of State**  
**3089812525CC**

**Current Principal Place of Business:**

1424 TIGER LAKE DRIVE  
GULF BREEZE, FL 32566

**Current Mailing Address:**

1424 TIGER LAKE DRIVE  
GULF BREEZE, FL 32566

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

LIBERIS, CHARLES S  
212 WEST INTENDENCIA STREET  
PENSACOLA, FL 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 TP  
Name SEGELKE, RITA  
Address 13 FOREST HILLS  
City-State-Zip: LINCOLN IL 62656

Title TV  
Name RUTAN, CYNTHIA B  
Address 63 LOCKSLEY LANE  
City-State-Zip: SPRINGFIELD IL 62703

Title TS  
Name MALONEY, DAVID J  
Address 8187 POMPANO STREET  
City-State-Zip: NAVARRE FL 32566

Title TT  
Name MALONEY, EVA  
Address 8187 POMPANO STREET  
City-State-Zip: NAVARRE FL 32566

Title T  
Name SNYDER, PAT  
Address 123 ROCHELLE AVE  
City-State-Zip: LINCOLN IL 62656

Title T  
Name BLACK, RUTH  
Address 105 HAMMITT DRIVE  
City-State-Zip: NORMAL IL 61761-3520

*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: DAVID J MALONEY**

**TS**

**03/07/2019**

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

\_\_\_\_\_  
Date